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**REPORT OF THE EXECUTIVE DIRECTOR FOR 2000:
THE MULTI-YEAR FUNDING FRAMEWORK**

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EXECUTIVE SUMMARY

1. In adopting the UNFPA multi-year funding framework (MYFF) for 2000-2003 in decision 2000/9, the Executive Board requested the Executive Director to provide annual updates on the development and refinement of the framework. This initial report on implementation of the MYFF concentrates on ways in which UNFPA is beginning to operationalize the MYFF structure and, more generally, is orienting its operations to reflect a results-based approach. The report looks first at the context in which the MYFF is being implemented. In particular, the report highlights the catastrophic results of the HIV/AIDS pandemic and the toll that poverty extracts on the reproductive health of women, men and adolescents.

2. The MYFF sets out three long-term goals for UNFPA: (a) all couples and individuals enjoy good reproductive health, including family planning and sexual health, throughout life; (b) there is a balance between population dynamics and social and economic development; and (c) gender equality and empowerment of women are achieved. The MYFF specifies outputs for each of these goals, provides indicators to measure progress towards achieving the goals and outputs, and identifies the strategies, i.e., the ways in which resources are deployed, to achieve results.

3. The report provides a snapshot of the current situation with regard to MYFF goals, outputs and indicators, drawing on the annual reports of country offices and Country Technical Services Teams (CSTs) and a situation analysis in 123 countries. It discusses the rationale for each of the outputs and indicators and assesses the availability and quality of relevant data. The four principal strategies to achieve results identified in the MYFF are: advocacy; strengthening national capacity; building and using a knowledge base; and promoting, strengthening and coordinating partnerships. The MYFF situation analysis asked country offices to rate their success in using each of these strategies towards achieving the MYFF outputs, the first time that country offices had been asked to link strategies to MYFF outputs and to provide even a subjective assessment of their success.

4. The findings of the MYFF situation analysis show that the MYFF results, indicators and strategies are closely aligned with UNFPA country programmes. The situation analysis confirms that almost all UNFPA-funded programmes and activities have at least one of the MYFF goals, with 84 per cent of countries having at least two goals and 63 per cent of countries having all three goals. As for outputs, many countries have adopted the ones detailed in the MYFF – 78 per cent of country programmes have at least one of them – while other programmes have adopted outputs specific to their national contexts.

5. In all cases, the analysis has found that one of the key challenges in implementing the MYFF is to ensure the availability and quality of data to measure the chosen indicators. The report concludes that UNFPA country programmes must incorporate provisions for establishing and monitoring baselines and for building national capacity in the area of data collection and analysis. Another major focus of this year's report is on how the Fund is orienting and coordinating existing systems towards managing for results, including an analysis of the current situation, progress made, lessons learned and future priorities in programme and organizational management.

6. The MYFF has two components. The results framework provides a strategic tool for programme management and for demonstrating the results that the Fund's assistance is contributing to or achieving. The second component provides an integrated resources framework for the financial resources that are needed to achieve those results. The report links these two aspects by presenting projections of resources, showing how UNFPA has utilized resources in terms of country categories and programme areas and discusses some of the consequences if the MYFF resource target is not met. The shortfall in regular resources is now estimated to be \$223 million, although a larger than expected inflow of other resources – primarily for reproductive health commodity security – means that the shortfall in combined resources may amount to \$62 million. The report stresses the positive consequences if this resource gap could be bridged, including the fact that the developing world would have an estimated 3.7 million fewer unwanted pregnancies.

7. The report to the Executive Board concludes with some of the lessons learned during the initial implementation of the MYFF, including the continuing necessity of building a results-oriented culture inside UNFPA, of creating greater national ownership of country programmes and their results, and of building national capacity in data collection and analysis. The report lists a set of strategic priorities over the coming year for the Fund to strengthen its MYFF implementation.

I. INTRODUCTION

8. The Executive Board approved the 2000-2003 multi-year funding framework (MYFF) at its second regular session, 2000. The Board welcomed the strategic direction of the MYFF and requested the Executive Director to implement it while continuing to develop and refine it as a strategic management tool at corporate and country levels, taking into account experiences gained during implementation (decision 2000/9). The Board called for the full engagement of programme countries in the elaboration, monitoring and reporting of the results framework. The Board also requested the Executive Director to report on the implementation of the MYFF at its annual sessions, reviewing progress in contributing towards the goals and achieving the outputs of the results framework and the status of financial implementation of the resources framework.

9. This report on the MYFF is a significant landmark for UNFPA as it is the first time that the Fund has been able to give a clear indication of planned results at the country level, how they are being measured, and how country offices are setting out to achieve them. Implementing and reporting on the MYFF is a considerable challenge, but it also provides a unique opportunity to build a culture of performance throughout the organization. UNFPA recognizes that it is essential to strengthen a results-based approach in all aspects of its programme and internal management in order to successfully implement the MYFF and has embarked on a comprehensive programme to align the whole organization towards managing for results. UNFPA gratefully acknowledges the invaluable advice and support of Board members and the financial assistance provided by Canada, Denmark, Finland, Sweden, Switzerland and the United Kingdom in helping the Fund to develop and implement the MYFF.

10. A first step in MYFF implementation was to map the correspondence between the MYFF and ongoing country programmes, to establish a database that would allow the monitoring of

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progress, and to develop recommendations for refinement. For this purpose, the Fund carried out a situation analysis of 123 countries to map the use of the MYFF goals, outputs, indicators and strategies. The situation analysis gives broad validation to the MYFF results framework; captures the current situation with regard to data sources, availability, periodicity and utilization; and confirms that these are major constraints to the implementation of the MYFF and results-based management. These findings and the 2000 annual reports from country offices and Country Technical Services Teams (CSTs) provide essential background information and highlight organizational strengths and weaknesses as UNFPA begins to implement the MYFF. This report reviews the current situation with regard to results, indicators and strategies. Since the MYFF was only approved in April 2000, it is not possible to compare and analyse actual against planned results for the year 2000. The report also gives an update on the status of financial implementation of the integrated resources framework.

11. This year's reporting pays special attention to efforts to strengthen programme and internal management systems. A managing for results survey, completed by 72 country offices, provided information on key aspects of programme, financial, information and human resource management. This will be an essential tool for improving internal management as well as for monitoring and reporting to the Board on how the Fund is managing for results.

II. THE CONTEXT

12. The Programme of Action of the International Conference on Population and Development (ICPD) underscores that population concerns must be fully integrated into development and poverty-reduction strategies in order to meet the needs and improve the quality of life of present and future generations. It also recognizes that to achieve sustainable development and a higher quality of life for all, Governments must take appropriate measures to ensure gender equality and the empowerment of women and universal access to comprehensive reproductive health care.

13. Governments are paying increasing attention to addressing priorities outlined in the ICPD Programme of Action and the ICPD+5 review. Countries are nevertheless experiencing considerable challenges in achieving a balance between population dynamics and social and economic development; improving reproductive health, especially for the poor; and addressing the pervasive effects of gender inequalities across the life cycle.

14. UNFPA's MYFF for 2000-2003 reflects the results that the Fund is working to achieve in the context of ICPD and ICPD+5, and the indicators to demonstrate progress towards achieving those results. Table 1 gives the most recent available data on MYFF goal indicators according to UNFPA's geographic regions. This shows that sub-Saharan Africa, which includes most of the least developed countries, remains behind other regions in all but one of the indicators. Section III of this report will examine the current situation with regard to the goal and output indicators in the MYFF results framework.

Table 1: Selected indicators of MYFF goals by UNFPA's geographical regions: most recent data (1995-2000)

MYFF Indicators	Developing countries	Sub-Saharan Africa	Asia and the Pacific	Arab States	Latin America and the Caribbean
Unmet need for family planning	21%	25%	16%	20%	16%
Maternal mortality ratio	430	1000	270	440	180
Births with skilled attendants	63%	37%	52%	65%	79%
Adolescent fertility rate	71	119	57	60	76
HIV prevalence, 15-24 age group	1.1%	6.7%	0.3%	n.a.	0.5%
Infant mortality rate	63	87	57	42	36
Life expectancy, male	62	50	65	66	66
Life expectancy, female	65	53	68	69	73
Annual population growth rate	1.5%	2.4%	1.3%	2.0%	1.5%
GDP per capita growth rate	4%	2%	6%	4%	0%
Gender gap in enrolment rates at the primary level	89	78	89	89	95
Gender gap in enrolment rates at the secondary level	85	69	83	69	102
Adult female literacy	58%	39%	59%	49%	85%
Women sitting in parliaments	10.0%	10.0%	9.2%	3.6%	14.1%

Notes:

Unmet need: simple averages of sub-set of countries with recent DHS survey data available (1995-99).

Maternal mortality ratio = Number of maternal deaths per 100,000 births (1995).

Births with skilled attendants = Percent of all births attended by skilled attendant; incomplete data set (most recent year available).

Adolescent fertility = Number of births to women aged 15-19 per 1,000 women aged 15-19 (1999).

HIV proportion, 15-24 = Percent of youth aged 15-24 infected with HIV; incomplete data set (2000)

Infant mortality rate = Number of infant deaths per 1,000 births (1998).

Life expectancy = Life expectancy at birth in years (1998).

Annual population growth rate (2000)

GDP per capita growth rate; incomplete data set (1999).

Gender gap = Ratio of net female enrolment to net male enrolment (1999).

Adult female literacy = Percent of women aged 15+ who are literate (1982-1998).

Women sitting in parliaments (2000)

Sources: see Annex 1.

15. In all regions, particularly Africa and Latin America, some countries are experiencing or emerging from emergency and conflict situations. These situations can disrupt basic services, displace populations and destabilize entire regions, as in east and southern Africa. Reproductive health problems such as sexually transmitted infections (STIs), rape, and unsafe pregnancy and childbirth conditions require special interventions.¹ In post-conflict situations, attention must be paid to reproductive health risks in demobilization and peacekeeping operations.

16. HIV/AIDS poses one of the greatest threats to development results, slowing down progress, and making previous benchmarks too optimistic. In southern Africa, it reverses the expected trends – raising infant and child mortality and crude death rates, lowering life expectancy, and decreasing population growth rates – through death rather than family planning. UNFPA's comparative advantage in HIV/AIDS programming lies in the area of prevention, and programmes in all regions are investing in the future by putting a primary focus on protecting adolescents against infection.

17. Poverty is closely associated with reproductive health status, including early age at marriage and first birth, low contraceptive prevalence rates, short birth intervals, low birth weight, and relatively high risks of maternal and infant mortality. In the fight against poverty, UNFPA

¹ UNFPA's admission to membership in the Inter-Agency Standing Committee on Humanitarian Affairs in April 2000 is a recognition of the importance of addressing reproductive health in emergency situations.

programmes are increasingly putting emphasis on under-served areas and the most deprived and vulnerable groups in the population. These include indigenous, rural, peri-urban and urban poor groups, and displaced persons, groups that are often the furthest from achieving the ICPD goals.

18. Health sector reform, including the decentralization and integration of health programmes, and the development of sector-wide approaches (SWAp) require adjustment in UNFPA strategies, with more advocacy, capacity building and knowledge sharing among local government and civil society partners. Strategies must ensure that ICPD issues remain central to national and local agendas and strengthen basic reproductive health services to improve health outcomes, especially for the poor. This is an immense challenge given UNFPA's limited resources, but country offices realize that decentralization and SWAp, with greater stakeholder participation, can be key to achieving results.

19. UNFPA core allocation cuts have had a serious effect on progress towards results, lengthening the time period in which the Fund can expect to achieve results. In almost all countries, cuts have led to a reduction, postponement or interruption in some UNFPA-funded activities, disrupted programmes, and strained the Fund's credibility among government and other partners at the country level. UNFPA and national partners have addressed this shortfall by reviewing targets, priorities and strategies and by reducing the reach of programmes. In some cases, partners have been able to take over some activities, underlining the importance of establishing strong partnerships around shared goals to ensure sustainability in an uncertain resource environment.

III. THE MYFF RESULTS FRAMEWORK

A. Background

20. The MYFF results framework identifies the goals to which UNFPA contributes and the outputs for which it is willing to be held accountable at an organizational level, to be demonstrated through a limited set of indicators, and the key strategies through which it plans to achieve these results.² The goals and their indicators reflect the ICPD Programme of Action, the UNFPA mission statement,³ ICPD+5 benchmarks, the Task Force of the Administrative Committee on Coordination on Basic Social Services for All, and include some of the Common Country Assessment (CCA) indicators developed in the context of the United Nations Development Assistance Framework (UNDAF). The MYFF outputs, output indicators and strategies were drawn from the most common outputs and strategies identified by country offices in the logical frameworks (logframes) of country programmes and subprogrammes in reproductive health, population and development strategies, and advocacy.

² A result is a describable or measurable change in state that is derived from a cause and effect relationship. The MYFF captures two levels of results: goals, defined as a basic condition of well-being for individuals, families and communities, to which UNFPA contributes through its work; and outputs, the time-bound results that UNFPA can be considered accountable for achieving through programmes and other activities and that contribute directly to the attainment of goals. Indicators are measures or pointers that help to quantify or describe the achievement of results and monitor progress towards attaining goals. Strategies are the ways in which the Fund deploys resources to achieve results.

³ Executive Board decision 96/28.

21. The Fund made great efforts to keep the MYFF framework as short, simple and strategic as possible, both to provide a clear picture to our partners of our strategic direction, and to avoid an impossible reporting burden on country offices and national partners. A main concern was to ensure as close a correspondence as possible between the organizational MYFF and the country-level logframes, while still allowing country offices to respond appropriately to local priorities within the Fund's mandate. The MYFF must be seen as a work in progress, at least at the level of outputs and strategies, as countries work out the best way to contribute to the MYFF's long-term goals. The development of approximately 40 new country programmes, nearly half of all UNFPA programmes, in 2001 provides an excellent opportunity to seek a closer alignment between the MYFF and country logframes.

22. The analysis carried out in this report of the current situation with regard to the MYFF results framework uses chart A as a guide.

CHART A. MYFF 2000-2003 Results Framework—UNFPA Goals, Outputs, Indicators and Strategies*

Goal	Output	Indicator	Strategy
1) All Couples and individuals enjoy good reproductive health, including family planning and sexual health, throughout life (115)	Unmet need for family planning (52) Maternal mortality ratio (51) Proportion of births assisted by skilled standards (74) Adolescent fertility rate⁴ (59) HIV prevalence in persons aged 15-24⁵ (47) Infant mortality rate (87) National commitments to territor and reduce sexual violence (34)	i) Increased availability of comprehensive reproductive health services (92)	(a) Percentage of service delivery points (SDPs) offering at least three of the following reproductive health services (68): - Modern family planning methods - Maternal health and essential delivery - Prevention and management of RTIs, including STDs, and HIV/AIDS - Management of the complications and complications of unsafe abortion - Information, education and counselling of women sexually and reproductive health, including family planning (b) Percentage of SDPs offering information, education, counselling and services to women in adolescent⁶ (54) (c) Percentage of SDPs offering at least three modern methods of contraception (64) (d) Percentage of SDPs providing quality first services in accordance with established protocols (73) (e) National policy in place to address harmful practices (34)
2) There is a balance between population dynamics and social and economic development (94)	(a) TFR dependency at birth by sex (64) (b) Annual population growth (66) and CDR per capita growth rates (64)	ii) Improved quality of reproductive health services (83) iii) Improved environment for addressing practices that are harmful to women's health (39) iv) National development plan and sectoral plans in line with ICPD Programme of Action (71)	(a) Intersectoral mechanisms to promote development and assessed plans (43) (b) Number of government officials who have attended training programmes addressing gender issues (39) (c) National database of sex-disaggregated population-related data (37), with plans to update at regular intervals (38)
3) Gender equality and empowerment of women are achieved (89)	(a) Gender gap in enrollment rate of the primary (69) and secondary level (41) (b) Adult female literacy rate (66) (c) Proportion of women parliamentarians (37)	v) Increased availability of sex-disaggregated population-related data (65) vi) Increased information on gender issues (55)	(a) Percentage of primary (69) and secondary schools (23) that have adopted gender-sensitive RLS materials (b) Number of information materials on gender issues adopted specifically to meet (23)
Advocacy - Strengthening National Capacity - Building and Using a Knowledge Base - Promoting, Strengthening and Coordinating Partnerships			

*The numbers between parentheses are the number of countries reporting MYFF goals, outputs and indicators in their UNFPA-assisted programmes.

4 For the purpose of MYFF reporting, the number of countries in which some positive movement in the variables occurred will be reported.

5 For the purpose of MYFF reporting, the number of countries in which some positive movement in the variables occurred will be reported.

6 United Nations Population Division data on the number of births per 1,000 women aged 15-19 will be used.

7 UNAIDS data on HIV prevalence in 15-24 year old pregnant women will be used.

8 Older adolescents between the ages of 15-19.

9 Protocols include minimum standards developed in partnership with WHO.

23. The findings of the MYFF situation analysis confirm that the MYFF results, indicators and strategies are widely consonant with those of the programme countries, especially in countries where UNFPA invests most resources. The biggest challenge ahead lies in the severe lack of data to measure progress towards the achievement of results; that deficiency can only be addressed by enhanced efforts among all development partners in the context of each country's situation. Only with a global investment in building country-level capacity in collection, analysis and use of data will it be possible to measure progress towards ICPD goals.

24. The analysis in this section is based on the MYFF situation analysis and the reports for 2000 produced by country offices, CSTs and the intercountry programme. The section begins by examining the fit between the MYFF results framework and country programmes; assesses progress and constraints in operationalizing the framework; examines the linkages between strategies and results; reviews the situation with regard to data availability; and makes recommendations for refinement of the framework. It is not possible at this stage to evaluate actual against expected results given the very early stage of MYFF implementation.

B. The alignment of the results framework with country programmes

25. The three MYFF goals are interrelated and mutually supportive. They all contribute to the overarching goals of poverty reduction and improved quality of life shared by all United Nations organizations. The MYFF situation analysis confirms that almost all UNFPA-funded programmes and activities have at least one of the MYFF goals, with 84 per cent of countries having at least two goals and 63 per cent of countries having all three goals. Over 90 per cent of countries have the reproductive health goal, followed by 75 per cent with the population and development goal and 71 per cent with the gender equality goal (see chart A). The alternative results and indicators identified in the situation analysis will be examined in section F on the refinement of the framework.

Table 2: UNFPA country offices with the number of MYFF goals by category of country

	3 goals	2 goals	1 goal
Category A (52)*	37	10	4
Category B (33)	25	5	3
Category C (10)	3	6	1
Category O (10)	6	3	1
Category T (18)	7	1	5
All categories (123)	78	25	14

*The numbers between parentheses are the total number of responding countries in each category.

26. A high percentage of Category A and Category B countries,¹⁰ those with the most comprehensive programmes and where UNFPA has invested most resources and capacity building efforts, recognize all three MYFF goals. Thus, as one would expect, the programmes supported by UNFPA in Category A and B countries, which include all of the least developed countries, are the ones in which the MYFF will be the most relevant.

27. The MYFF outputs were drawn from existing country programme logframes. The six outputs reflect the major strategic results for which the Fund is willing to be held accountable.

¹⁰ See DP/FPA/2000/14 for the definition and description of the UNFPA system for the allocation of resources to country programmes. Category A countries include all the least developed countries.

The MYFF outputs are not meant to be exhaustive, allowing country programmes to respond to national priorities and opportunities and to emerging situations as they arise. However, the MYFF outputs and their indicators are the most common of those that are utilized in UNFPA-assisted country programmes.

Table 3: UNFPA country offices with MYFF outputs by category of country

	Countries with at least 5 outputs	Countries with at least 3 outputs	Countries with at least 1 output
Category A (52)*	31	33	37
Category B (33)	11	25	30
Category C (10)	3	6	9
Category O (10)	-	1	8
Category T (18)	2	6	12
All categories (123)	47	71	96

*The numbers between parentheses are the total number of responding countries in each category.

C. Operationalizing the MYFF results framework

28. This section gives a snapshot of the current situation with regard to MYFF results, indicators and strategies, including an overview of the Fund's progress towards developing and operationalizing a more strategic approach to achieving programme results. It shows that the Fund is moving towards a more results-oriented performance culture but also indicates that these are first steps and that there is a lot of progress to be made before countries can really offer evidence-based conclusions concerning their achievement or non-achievement of results.

Goal 1. All couples and individuals enjoy good reproductive health, including family planning and sexual health, throughout life

29. UNFPA has a major role to play in achieving the goal of good reproductive health for everyone, and the Fund devotes more than two thirds of its resources towards reproductive health programmes. The goal-level indicators in the MYFF all reflect areas where the Fund makes a substantial contribution both through global advocacy efforts and through its country programmes.

30. Goal indicators. There are significant regional differences in the level of unmet need for family planning, with highest levels in sub-Saharan Africa, consistent with United Nations estimates¹¹ that over half of African countries have contraceptive prevalence rates of less than 20 per cent. Globally, an estimated one third of pregnancies are unwanted or mistimed; approximately 20 million of an estimated 50 million abortions each year are unsafe; and 78,000 women die and millions suffer illness or disability as a result.¹² The ICPD+5 review called upon countries to bridge the gap between contraceptive use and the proportion of individuals expressing a desire to space or limit their families by at least 50 per cent by 2005. As the lead agency in contraceptive procurement, the Fund considers reducing unmet need to be a priority. UNFPA-supported efforts in the KATTUK¹³ region, for example, are helping countries to move

¹¹ United Nations Population Division, *Charting the Progress of Populations* (New York, 2000).

¹² UNFPA, *State of the World Population report* (New York, 2000).

¹³ Kazakhstan, Azerbaijan, Tajikistan, Turkmenistan, Uzbekistan and Kyrgyzstan.

from reliance on abortion to contraception to avoid unwanted births. In all regions, UNFPA is addressing the cultural as well as the logistical barriers to reducing unmet need.

31. UNFPA is actively pursuing the ICPD goal of effecting significant reductions in maternal mortality, with emphasis on the least developed countries. Maternal mortality in sub-Saharan Africa is more than twice the developing-world average. According to revised 1990 estimates,¹⁴ fewer than 10 per cent of countries in this region had a maternal mortality ratio below 125 per 100,000 live births, the ICPD benchmark for 2005. In 2000, UNFPA conducted a review of all maternal mortality prevention activities in 1998-1999.¹⁵ Building on lessons learned, including global and UNFPA evaluations of the Safe Motherhood Initiative, the Fund focuses on three areas that have been shown to reduce maternal death and disability: decreasing the likelihood that pregnancies will be unwanted; the likelihood that a pregnant woman will experience a serious complication in pregnancy and childbirth; and the probability of death among women who experience complications. The Fund is thus allocating its resources to improving reproductive health services, including family planning; to ensuring skilled attendance at birth; and to providing emergency obstetric care.¹⁶ Country reports show that successful interventions combine these approaches within the context of improved referral systems.¹⁷

32. ICPD+5 recognized the close correlation between maternal mortality and the proportion of women giving birth attended by skilled attendants, a process indicator with more readily available data that permits better and more timely planning of interventions. In the developing world today, only 58 per cent of all deliveries take place with the assistance of a skilled attendant.¹⁸ Some countries are faced with deteriorating health services and high levels of HIV infection that could mean a decline in their relatively high proportions of assisted births. The latest available figures show that the ICPD+5 benchmark of having 40 per cent or more of births assisted by skilled personnel by 2005 in countries where maternal mortality is very high has been achieved in only a little more than half of sub-Saharan African countries.¹⁹

33. The need for Governments to address adolescent sexual and reproductive health issues was reaffirmed by ICPD+5, although no benchmarks were identified. More than 14 million adolescents give birth each year, with a high proportion of adverse pregnancy outcomes. Adolescent reproductive health is a major programming priority for UNFPA, and in 2000, the Fund developed a strategic approach that builds on its comparative advantage, while also emphasizing partnerships with other, especially United Nations, agencies. A UNFPA guidance note for the United Nations Resident Coordinator system provides a framework for promoting adolescent sexual and reproductive health at the country level. Building on experience from

¹⁴ WHO/UNICEF, *Revised 1990 Estimates of Maternal Mortality: A New Approach* (Geneva, 1996).

¹⁵ UNFPA, *Maternal Mortality: A Report on UNFPA Support to Reduce Maternal Mortality* (New York, February 2001).

¹⁶ UNFPA is collaborating with UNICEF, CARE and Save the Children to implement a \$9 million programme to strengthen emergency obstetric care as part of a grant to Columbia University from the Bill and Melinda Gates Foundation on averting maternal deaths and disabilities. India, Morocco, Mozambique, Nicaragua and Uganda were selected because of their institutional capacity. Needs assessments are planned for Cameroon, Cote D'Ivoire, El Salvador, Guatemala, Honduras, Mauritania, Niger and Senegal.

¹⁷ In Uganda, an evaluation found that UNFPA support to a maternal care service network with a community-based referral system was decisive in decreasing maternal death in at least one district. Morocco reduced maternal illness and death by improving emergency obstetric care and ensuring the availability of skilled personnel attendants at birth. In both cases, monitoring and evaluation identified constraints that were then addressed by programme managers.

¹⁸ The situation analysis emphasized the importance of establishing a common definition for "skilled attendants" as standards tend to be higher, for example, in Latin America, making it difficult to compare progress among regions.

¹⁹ WHO, *Coverage of Maternity Care: A Listing of Available Information*, 4th edition (Geneva, 1996).

sexual and reproductive health programmes worldwide, key action areas and strategies are: (a) carrying out policy and programme advocacy that addresses gender inequalities, discriminatory and harmful practices; (b) improving information on adolescents; (c) strengthening out-of-school and school-based sexual and reproductive health education; and (d) making health services adolescent-friendly.²⁰ UNFPA has a key role in many of these interventions, as reflected in the Goal 1 and 3 outputs and output indicators.

34. Adolescents and young people are also among the most vulnerable to HIV infection, with an estimated half of all new cases of HIV infection in young people between 15-24. ICPD+5 paid special emphasis to addressing the needs of young people and established the benchmark of reducing the prevalence globally by 2005, and by 25 per cent in most affected countries. Reliable information on HIV/AIDS prevalence is extremely difficult to obtain, but sentinel surveillance studies among pregnant women attending health centres can provide some data on this age group. Existing data indicate that Asia and the Pacific, the Arab States, Eastern Europe, Central Asia, Latin America and the Caribbean are all experiencing a rise in the number of infections, although there remain disparities within regions.²¹ UNFPA activity has intensified as the pandemic has worsened, growing from support to 41 countries in 1991 to 138 countries in 1999. UNFPA's comparative advantage is in the area of prevention, based on its long experience of support to community-based services, including prevention of infection in mothers and transmission to children; the integration of HIV prevention into reproductive health and national education programmes; adolescent peer education and community-based interventions for men; addressing the gender inequalities that make women more vulnerable to infection; and condom procurement for dual protection against unwanted pregnancies and STIs. UNFPA's HIV/AIDS strategy proposes new areas of support, including policy dialogue and legislation, counselling, and strengthening sociocultural research on the role of gender power in sexual relations.

35. The timing, spacing and number of births and the reproductive health and survival of mothers are crucial to child survival. Sub-Saharan Africa has the highest levels of infant mortality, with 48 countries having rates of 50 or more deaths per 1,000 live births. In southern Africa, expected declines in infant mortality rates are being reversed by HIV/AIDS, increases in maternal mortality, and mother-child HIV transmission. UNFPA contributes to reducing infant mortality through interventions to decrease maternal death, improve prenatal care and counselling, strengthen referral systems, and prevent STIs and HIV/AIDS.

36. Globally, at least one in every three women has been coerced into sex, beaten or abused in some other way.²² National responses to gender-based violence are still at an early stage, and the MYFF indicator on national mechanisms to monitor and reduce sexual violence was selected to demonstrate growth in national commitment to these issues. The Fund expects to replace this by an evidence-based indicator when commitment leads to more reliable and comparable data.

²⁰ The EC/UNFPA Initiative for Reproductive Health in Asia, supported by the European Commission, has developed country-level adolescent reproductive health strategies in Cambodia, Lao People's Democratic Republic, Sri Lanka and Vietnam to respond to the non-availability of services for adolescents.

²¹ Prevalence ranges from 0.07 per cent in East Asia and the Pacific to 0.56 per cent in South and South-East Asia.

²² Lori Heise, Mary Ellsberg and Megan Gottemowiller, *Ending Violence Against Women*, Population Reports, Series L, No. 11 (Baltimore, Johns Hopkins University School of Public Health, Population Information Program, December 1999).

37. Goal 1 outputs. The three MYFF outputs for Goal 1, and their indicators, show some of the major contributions the Fund can make to achieving the reproductive health goal in terms of improved services and a more enabling environment for reproductive health. The first two outputs reflect the focus of UNFPA interventions, in all regions, on increasing the availability and quality of reproductive health information, counselling and comprehensive services, with a special focus on meeting the needs of adolescents. In sub-Saharan Africa, UNFPA achievements include integrating reproductive health packages into basic health services, developing norms and procedures to improve standards of care, increasing sensitivity and improving skills of service providers in responding to adolescents, and fostering improvements in the contraceptive procurement and logistics systems. In 30 countries, 60 per cent of service delivery points are offering at least three reproductive health services,²³ a statistic that refers principally to those service delivery points that receive UNFPA support. Only 20 per cent of countries with this indicator have data for monitoring on an annual basis (see table 15, annex 2). Countries identified the following set of the three most common reproductive health services: modern family planning methods; maternal health care and assisted delivery; and prevention and management of reproductive tract infections (RTIs), including STIs, and HIV/AIDS. A few countries reported the availability of the full range of services.

38. There is an urgent need to provide appropriate, user-friendly and accessible information and services to address the special reproductive and sexual health needs of adolescents. UNFPA support provides training to improve health service providers' understanding and communication skills, and services that meets adolescents' needs, including confidentiality and privacy and convenient hours. When information, education, counselling and services are not available in a single setting, countries often ensure that services are functionally linked through referrals. There is nevertheless considerable resistance in many cultures to providing such services, so increased IEC and advocacy efforts are called for. While expanding clinic reproductive services to married and unmarried adolescents is essential, this does not replace outreach to communities and other settings.

39. In 2000, UNFPA worked with other United Nations agencies to develop a common United Nations vision on quality of care, which involves increasing the supply and demand for quality services, an approach that will be tested in six countries in four regions. UNFPA's own contribution to improved quality includes support to ensuring the widest possible range of safe, effective, affordable and accessible family planning and contraceptive methods and the highest professional standards. In 38 countries, 60 per cent of service delivery points offer at least three modern methods of contraception. These data pertain to UNFPA assistance only and may not reflect the broader picture in countries where there may be disparities in contraceptive availability and choice. Some countries reported that contraceptives are now included in essential drugs lists and are subject to cost recovery, which will certainly increase their accessibility. In Georgia, availability of free contraceptives has had a crucial impact on the abortion rate. The country experienced a decrease in the contraception/abortion ratio from 1:4 in 1993 to 1:1 in 2000, an improvement related directly to UNFPA as the only source of contraceptive supplies in the country. While UNFPA procurement for external partners doubled in 2000 from \$20 to \$40 million, the drop in the Fund's core resources led to a dramatic decline

²³ Modern family planning methods; maternal health care and assisted delivery; prevention and management of RTIs, including STIs, and prevention of HIV/AIDS; management of the consequences and complications of unsafe abortion; IEC and counselling on human sexuality and reproductive health, including family planning.

in country office requests for reproductive health commodities and procurement for UNFPA-supported projects.²⁴ This had a negative affect on UNFPA's contribution to contraceptive availability and choice in 2000, a trend that will hopefully be reversed in 2001 with increased multi-bilateral funding to ensure reproductive health commodity security. The Fund's reproductive health commodity security strategy, developed in 2000, is a priority for UNFPA and will be key to helping countries ensure contraceptive choice.

40. The existence and use of norms and protocols to guide health workers are essential to ensure consistent quality of care on a range of issues, including sexual violence, and adolescent sexuality. While only a limited number of reporting countries²⁵ have at least 60 per cent of UNFPA-supported service delivery points that provide reproductive health services in accordance with established protocols, many indicate that they are supporting the development of these protocols, suggesting that the use of this indicator will increase over time. Some countries caution that the existence of protocols may hide a lack of equipment and trained personnel; others point to the reality that established protocols exist for family planning but not for other reproductive health services, suggesting that the Fund needs to prioritize the latter. It is also essential that these protocols be accompanied by training that emphasizes a team approach in their implementation. In 2000, UNFPA developed service manuals, currently being field tested, to strengthen capacity to address sexuality and gender-based violence in the clinic setting.

41. Sexual violence, forced and early marriage, lack of education and life opportunities, poor nutrition, female genital cutting (FGC), birth and sexual practices all affect women's ability to protect themselves against unwanted pregnancy, complications of pregnancy, unsafe abortion and STIs, including HIV/AIDS. While UNFPA support to improving the environment for addressing practices harmful to women's health is a relatively new area, annual reports shows growing country-level activity through advocacy, knowledge and capacity building, and extending partnerships with Governments, civil society and the media to expand public awareness and to develop an appropriate legislative and political response. Responses vary with the country context,²⁶ and include setting up government mechanisms and committees of concerned non-governmental organizations (NGOs) against practices such as FGC, advisory councils to monitor gender-based violence, crisis centres, family tribunals, and national action groups on family violence. Twelve countries report legislative moves towards combating sexual violence. A Fund-wide survey in 2000 provided baseline information on UNFPA support to addressing the problem of obstetric fistula, a major cause of maternal death and disability associated with early pregnancy and obstructed labour that is found most often among young, poor and malnourished women.

Goal 2 – There is a balance between population dynamics and social and economic development.

42. The ICPD Programme of Action recognizes the interrelationship between population change, natural resources, environment, and the pace and quality of social and economic

²⁴ The peak for UNFPA field procurement was in 1997 with \$43,973,243. This declined to \$43,582,429 in 1998; \$20,865,229 in 1999; and \$18,009,114 in 2000, including \$1,731,887 for emergency reproductive health kits.

²⁵ Five in Africa, three in Arab States and Europe, one in Asia and the Pacific, and five in Latin America and the Caribbean.

²⁶ In sub-Saharan Africa interventions include increased information on gender issues; national policies for women, including the revision of family codes; social mobilization for the eradication of FGC; and increased support from policy and decision makers, religious and traditional leaders. Arab States, Asia and Latin America emphasize improved policies and legal frameworks for the exercise of sexual and reproductive rights and prevention of gender-based violence.

development. The area has long been a priority for UNFPA. The Fund's assistance focuses on population policy development, including the integration of reproductive health, population and gender issues into development planning and programmes, and the improvement of data systems.

43. Goal 2 indicators. Assessing the balance between population dynamics and social and economic development is challenging as it involves the examination of a combination of demographic, social and economic indicators. The MYFF chose to use life expectancy at birth by sex as one indicator closely connected to the health conditions of the population that reflects many social, economic and environmental influences. The overall achievement in improving life expectancy at birth in the last decade and the increase in the sex differential in favour of women disguises interregional differences and lower rates among marginalized groups, in situations of conflict, and in areas with high HIV/AIDS prevalence. Four-fifths of African countries and over one-tenth of developing Asian and Pacific countries have not achieved the 2000 goals of the World Summit on Social Development (WSSD) Programme of Action.²⁷ UNFPA-supported programmes advocate for increased availability, accessibility and affordability of health-care services, increased community participation in health-care planning, integration of reproductive health into health and education sector reforms, and increased health and education expenditures.

44. Annual population growth rate and growth rate of per capita gross national product (GNP) reflect important dimensions in the balance between population and development and have relatively accessible data. There is wide regional disparity in the use of annual population growth as an indicator, ranging from a fifth of countries in the Latin American and Caribbean region to all countries in Asia and the Pacific. The relationship between the two indicators has to be interpreted carefully as a decline in population growth cannot always be seen as a positive indicator. For example, in southern African countries, reduced population growth rate is not due to reduced fertility and mortality but to increased mortality, indicating the loss of an immense human resource in the most productive age group as the result of the HIV/AIDS pandemic. A rise in GNP can also disguise a decline in living conditions among certain population groups.

45. Goal 2 outputs. UNFPA's own planned outputs to contribute to Goal 2 reflect two of the major areas of the Fund's intervention. The alignment of national development plans and sectoral plans with the ICPD Programme of Action reflects UNFPA's leading role in ICPD implementation. In sub-Saharan Africa, Latin America and the Caribbean, UNFPA assistance is leading to increased government commitment and capacity to integrate population, reproductive health and gender issues into national and sectoral development policies and plans and to update national population policies and action plans, with emphasis on an intersectoral and participatory approach to policy development. In several countries in the Arab States region, UNFPA has supported activities to document gender gaps to address gender differentials in national plan and policy development, while in Asia and the Pacific many countries are working towards improved implementation of national population policies.

46. Forty-three countries (see chart A) demonstrate their progress through the development of intersectoral mechanisms to review development and sectoral plans and their alignment with the ICPD Programme of Action. Country reports show a mix of strategies to establish these

²⁷ WSSD Programme of Action, 3(b) "by the year 2000, a life expectancy of not less than 60 years in any country". One fifth of Latin American and Caribbean countries, one tenth of Asia and Pacific countries, and only one African country have achieved the ICPD goal for 2015.

mechanisms that vary with the national context. These include steering committees to promote collaboration among national and regional partners and the coordination of line ministries and NGOs; joint planning initiatives across the public, NGO and private sector; intersectoral committees to develop national policies and plans that integrate gender and reproductive health; multisectoral, inter-agency task forces to backstop provincial planning; and multisectoral national and regional committees to address HIV/AIDS as a major development issue. UNFPA is also fostering closer partnerships with NGOs, especially women's organizations, to ensure that their voices are heard in public policy dialogue, in Asia and Africa.

47. The Fund's assistance in mainstreaming gender issues at various levels of government is captured by a second indicator, the number of government officials who have attended learning programmes addressing gender issues. Building commitment and capacity in gender analysis is crucial to gender-sensitive planning; this can be usefully complemented by monitoring at the country level to ensure that the training has been applied to practice. More than half of the countries with this indicator are experiencing problems with the availability and accessibility of data, although a few countries report that these will be resolved in the near future. Since UNDP and UNIFEM also include gender issues in their learning programmes for government officials, a number of countries report complementary actions among these agencies.

48. The second UNFPA output that contributes to the population and development goal is increased availability of sex-disaggregated population and development-related data. This is a recognition of UNFPA's leading role in this field and the serious constraints that lack of data impose on population and development planning. All countries are working to increase capacity to generate and use such data, mainly through support to censuses and population surveys. The section on strategies provides an analysis of how UNFPA works at the country level to achieve this result. Over half of the countries with this output use the existence of a national database of sex-disaggregated population-related data as an indicator, but fewer countries plan to update this at regular intervals, reflecting the fact that many of the sources provide data only at irregular intervals and with a long time-lag. This indicator is prospective, indicating the ideal situation with regard to data accessibility and reliability at the country level.

Goal 3 – Gender equality and empowerment of women are achieved

49. Gender inequality has direct consequences on women's health, education, social and economic participation. The ICPD made gender equality and women's empowerment central goals of the Programme of Action, priorities that were reconfirmed by ICPD+5, which recommended a number of key actions. UNFPA's 2000 *State of the World Population report*²⁸ was devoted to issues of gender inequality and women's rights and proved an important resource for country offices in increasing public awareness of these issues. UNFPA's commitment to gender equality and women's empowerment is shared with other United Nations agencies and is reflected in the UNDAF indicator framework.

50. Goal 3 indicators. The MYFF selected three indicators, on education, literacy and political participation, to measure global progress towards reaching the gender goal. In 2000, more than 113 million children had no access to primary education, with continuing

²⁸ UNFPA, *Lives Together, World's Apart: Men and Women in a Time of Change* (New York, 2000).

discrimination against girls, and 880 million adults were illiterate, and there are still wide gender disparities.

51. The World Education Forum in Dakar in April 2000 emphasized that education is a human right, and UNFPA joined with other United Nations partners to establish a Framework for Action. The Fund has a special contribution in ensuring that education addresses gender and reproductive health issues and helps children to protect themselves against HIV/AIDS. Girls' education is consistently shown to be one of the best investments in promoting gender equality and women's empowerment, thereby improving reproductive health. It is measured by the gender gap in enrolment rates at the primary and secondary level. Sub-Saharan Africa has the most serious gender gaps in secondary school enrolment. UNFPA's support to reduce adolescent pregnancy and to introduce gender-sensitive reproductive health education in schools is supplemented by advocacy efforts with other United Nations agencies to address other cultural and economic barriers that keep girls out of school.

52. Literacy and other basic skills are vital to women's empowerment and their full participation in development. The adult literacy rate has been steadily increasing in all countries, but regional and gender disparities are still wide. ICPD+5 called for Governments to reduce the rate of illiteracy of women and men, at least halving it for women and girls by 2005, compared with the rate in 1990. The latest UNESCO statistics, for 1995,²⁹ show that sub-Saharan Africa and all least developed countries have the highest illiteracy rates for women, and the biggest gender gap.

53. The proportion of women parliamentarians indicates women's political empowerment at the national level, an indicator also used by UNDP and UNICEF despite its limitations. There is a wide variation in women's share of seats in national parliaments within regions,³⁰ due in part to differences in electoral and governmental systems. In general, the proportion of women elected representatives is higher at the local level than at the national level, but there is a lack of reliable and comparable local information. This indicator should be complemented in country programme logframes by indicators on women's participation in local decision-making.

54. Goal 3 outputs. UNFPA's main direct contribution to gender equality and women's empowerment is through the promotion of policy, attitudinal and behavioural changes, which is why the Fund's own planned output is increased information on gender issues, reflecting the essential role of information, knowledge and awareness in improved policy dialogue and empowerment. UNFPA is particularly concerned to reach those who are normally excluded from information networks and whose contribution is crucial to present and future change in gender power relations, namely men and youth. Men are very often the political and cultural decision makers and gatekeepers to change, which is why many countries have interventions that focus on policy and decision makers, religious and traditional leaders as well as targeting men in their personal and family relationships. In 2000, UNFPA developed a new programming approach built on a better understanding and greater involvement of men as partners in promoting gender equality and sexual and reproductive health.³¹ The lack of data for the MYFF

²⁹ United Nations, *Charting the Progress of Nations* (New York, 2000).

³⁰ UNIFEM, *Progress of the World's Women 2000* (New York, 2000).

³¹ "UNFPA, 'Partnering: A New Approach to Sexual and Reproductive Health', Technical Paper No.3 (New York, 2001).

output indicator, the number of information materials targeted specifically to men, reflects a lack of attention to this area in some programmes.

55. UNFPA's long investment in integrating population and family life teaching into school education should provide a solid basis for strengthening the gender dimension in education, which is measured in the MYFF framework by the percentage of primary and secondary schools that have adopted gender-sensitive reproductive health curricula. The situation analysis shows that there are currently few data available in this area although there is some evidence of a movement towards this approach, even in primary schools. A little under 50 per cent of countries with this indicator report that some primary schools have adopted such curricula. Five countries report that 100 per cent of primary schools have adopted gender-sensitive reproductive health curricula. Three of these five countries also reported that 100 per cent of secondary schools have adopted gender-sensitive reproductive health curricula.

D. Strategies to achieve results

56. Identifying expected results do not tell us how to achieve them, which is why strategies, the ways in which resources are deployed to achieve results, are a crucial part of the MYFF results framework. The Executive Board decision requested UNFPA to refine the linkages between strategies, goals and outputs, based on experience gained during implementation. The four strategies included in the MYFF are advocacy; strengthening national capacity; building and using a knowledge base; and promoting, strengthening and coordinating partnerships. Results are achieved through country-level interventions and regional and interregional partnerships. The 2000-2003 intercountry programme adopts all the MYFF strategies.³² The situation analysis confirms that these are the principal programming strategies at the country level, with a flexibility that allows them to respond to different contexts. The strategies are mutually supporting and interactive, and all four are being used to achieve MYFF outputs and goals (table 16 in annex 2). The most commonly used strategy is capacity building, followed closely by partnerships and advocacy, and then knowledge building.

57. The success of strategies will be demonstrated through achievement or progress towards results, especially outputs, and movement in results indicators over the MYFF period. The situation analysis asked countries to rate their success in using the strategies for each output (very successful, moderately successful, not successful). While recognizing that there is no way at this very early stage in MYFF implementation to validate these judgments, this is the first time that country offices have been asked to link strategies to MYFF outputs and to provide even a subjective assessment of their success.

³² Oral progress report on implementing the 2000-2003 UNFPA intercountry programme. UNDP/UNFPA Executive Board, first regular session, item 8, 5 February 2001.

Table 4: Proportion of countries reporting MYFF strategies moderately or very successful by goals and outputs (in per cent)

STRATEGY	GOAL 1			GOAL 2		GOAL 3
	OUTPUT 1	OUTPUT 2	OUTPUT 3	OUTPUT 4	OUTPUT 5	OUTPUT 6
	RH Availability	RH Quality	RH Environment	ICPD/ Plans	Data Availability	Gender Information
Advocacy	88	91	93	82	80	96
Capacity Building	98	96	77	90	87	84
Knowledge	88	85	70	83	87	77
Partnerships	94	88	70	84	87	77

58. Overall, countries reported more success in using advocacy for reproductive health and gender than for population and development (see table 4). National capacity building is seen as most successful in improving the availability and quality of reproductive health services, with least reported success in improving the environment for women's health, a more recent area of intervention. The lack of perceived success in using knowledge building for improving the environment for women's health and information on gender issues suggests that countries need to review and improve strategies for strengthening the gender aspects of programming. Partnerships are also seen as least successful in this area, with most successful partnerships being built around improving reproductive health services. The situation analysis asked countries to identify other strategies, either for MYFF or non-MYFF outputs, but recorded very few. An analysis of annual reports shows that behaviour change communication (also called information, education and communication or IEC) strategies are frequently referred to within the descriptions of all MYFF strategies.³³

59. The following analysis relates strategies to the results identified in the MYFF framework and tries to identify some of the conditions for success. Countries were requested for the first time to report in their annual reports on the effectiveness of MYFF strategies in achieving results, and to provide examples of what worked, what did not work and why. This analysis is restricted by the fact that the MYFF framework was only approved in mid-2000, which makes it difficult for countries to retroactively link strategies to MYFF results. The uneven quality of reporting suggests that it will take time to move beyond input and activity reporting to a more analytic results-based approach. Nevertheless, a review does provide some lessons learned. It also shows that strategies are aimed at influencing upstream policy and planning as well as strengthening the community-level interventions essential for UNFPA's preventative approach.

Strengthening national capacity³⁴

60. Country offices in all regions prioritize capacity building in the context of national execution and ownership and spend the largest amount of their resources on this area. The

³³ Other strategies identified in the situation analysis were strategies to reach adolescents; data collection and analysis; and sectoral strategies. All of these can be found in the four key MYFF strategies.

³⁴ Capacity building is a central concern of all United Nations operational activities, with an emphasis on "institutional change, development of systems and processes, including accountability and transparency, knowledge and skills, and participation and commitment.... It is becoming increasingly evident that the individual and collective ability of people in a country to collaborate, manage conflict, make societal choices, learn new skills, develop confidence – in short to sustain themselves and make progress – depends critically on the quality, performance and legitimacy of their institutions and organizations at all levels of society" ACC Guidance Notes on Capacity Building, p. 1.

needs assessments, local government training teams and development of programming toolkits. The Fund must assume a central position in building the government knowledge and skills necessary to integrate gender and reproductive health dimensions into sectoral and local government planning, especially within the context of decentralization.

64. Population and development. UNFPA already plays a key upstream role in building capacity and commitment among government partners to take the lead in achieving MYFF population and development goal and outputs. Major efforts are being made to strengthen gender-disaggregated data collection, analysis and use in planning, monitoring and evaluation. An Arab region initiative includes the establishment of a comparable database for monitoring and evaluating gender mainstreaming. There is still a need for more gender-sensitive tools, indicators, and methodologies and for ensuring that greater awareness leads to interventions that bridge the gender gap, a jump that requires considerable political commitment to gender equality at all levels.

65. Gender. Capacity building for the goal of gender equality and women's empowerment and the output of increased information on gender issues requires special efforts among youth and men. UNFPA programmes are trying to reach these groups through the integration of reproductive health and gender issues into school and training curricula; initiatives to reach out-of-school youth and men in work and leisure environments, including the army, police, scouts, clubs and the private sector; and the development of appropriate IEC strategies to involve these groups. There is still a lot of progress to be made and a great need to share lessons learned.

Building and using an information and knowledge base

66. The new issues and approaches identified by the ICPD and reaffirmed in the ICPD+5 review challenge UNFPA and its partners to constantly acquire, update and share information and knowledge. The institutionalization of results-based management and the reinforcement of a learning culture within the Fund also require setting up communication and feedback loops; promoting the sharing of best practices and lessons learned; and establishing and strengthening mechanisms that allow for a more systematic approach to acquiring and disseminating information and knowledge horizontally as well as vertically and among a much wider range of partners. UNFPA has developed a prototype on-line database to share programming experiences, lessons learned, and best practices from and among country offices and CSTs. The creation of a Knowledge Sharing Branch within the Strategic Planning and Coordination Division as part of an organizational realignment indicates the importance that the Fund attaches to this area. The new branch will provide liaison with other knowledge-sharing centres in the international development community; act as principal focal point for externally produced information sources; collect, receive and disseminate substantive, technical and management information based on the Fund's experience; coordinate efforts to improve knowledge-sharing operations; and promote a knowledge-sharing culture across the Fund, including building staff capacity and communities of practice.

67. The Internet provides a powerful channel for all UNFPA staff and partners to participate actively in building this knowledge-sharing culture, and the managing for results survey (see section IV below) shows how country offices and CSTs are exploiting these opportunities. This area could still benefit from better connectivity; greater access by all staff and partners; more

strategic information management; and increased time and attention to sharing, feedback, and the exchange of ideas. To benefit from the potential of the Internet, the Fund plans to introduce some basic tools for managing the organization's information resources on-line and to facilitate teamwork through communities of practice that can blend the technical capacity in UNFPA with partners outside the organization. Given that field staff face very heavy demands, it is essential that such strategies and tools fit with the priority work of the field.

68. Reproductive health. In the pursuit of the reproductive health goal and outputs, UNFPA and national partners frequently lack the information necessary to monitor progress towards programme outputs. In 2000, countries tried to address this constraint by putting more resources into baseline and end-of-programme surveys, needs assessments and process documentation and by bridging data gaps through qualitative and participatory research as well as through the more sustainable long-term solution of strengthening national service statistics, but this remains an enormous challenge. These are important efforts but cannot replace a more systematic long-term investment in establishing baselines and monitoring progress from the beginning of programmes.

69. In some countries, there is still an inadequate understanding of the impact of social and cultural factors on reproductive health. Country programmes and the intercountry programme are responding by giving more support to qualitative sociocultural research, with an emphasis on abortion, HIV/AIDS, and harmful practices and other gender issues and by recognizing the need for more training in research analysis and utilization. UNFPA is supporting the use of research findings for IEC and advocacy strategy development, sexuality education, evaluation, and integrating gender concerns into policy and planning, but more needs to be done. Such research is essential for an improved environment for addressing practices harmful to women's health and for increased information on gender issues, both areas where country offices report the least success.

70. Population and development. To achieve and measure progress towards the population and development goal and outputs, UNFPA country offices in 2000 strengthened the provision of reliable national and regional data through support to population censuses and surveys. UNFPA supported census mapping, data collection, analysis and dissemination, with a focus on sex-disaggregated population data, and with a special effort in countries in transition. While UNFPA's own financial contribution was limited, the Fund did play a successful role in resource mobilization for census activities, especially in southern and eastern Africa. The intercountry programme supported United Nations regional economic and social commissions to strengthen capacity in Latin America, the Caribbean and West Asia and the Latin American and Caribbean Women's Health Network for a system of indicators to track ICPD progress in the region.

71. The risks are that these sources often rely heavily on external support and only provide periodic information at long intervals. They also provide mostly goal-level data and rarely cover crucial but difficult to capture information on sensitive reproductive health issues. These require more qualitative and participatory methodologies, with greater attention to the cultural context and to the economic and social costs of poor reproductive health. UNFPA supports universities and NGOs in their knowledge-building efforts, but these are often not in the mainstream of national data collection and analysis. More effort must be made to ensure the use of such research for policymaking and planning by government agencies.

72. Gender. In the context of the gender equality and women's empowerment goal and its output of increased information on gender issues, knowledge building is obviously of fundamental importance. Many countries, especially in Latin America, are investing in research on masculinities and male and adolescent attitudes to reproductive health and gender issues, and the results are being used to design culturally appropriate education and advocacy strategies.

Promoting, strengthening and coordinating partnerships

73. Reproductive health. The MYFF goals and the international development goals defined through United Nations conferences can only be achieved through stronger partnerships. UNFPA country offices in 2000 adopted a range of partnership strategies towards achieving the MYFF reproductive health goal and outputs. The implementation in many countries of health sector reform and the introduction of SWAp in health and education provide new opportunities for building and strengthening intra-governmental, civil society and donor partnerships within the context of coherent, Government-led programmes. UNFPA's contribution to these partnerships is clearly to strengthen its support for the integration of population issues, reproductive health and gender into health policy, plans and programmes.

74. Countries report that collaboration with bilateral and multilateral donors is growing in the area of reproductive health. In several countries, UNFPA leads donor groups on population, reproductive health and gender, especially concerning HIV/AIDS and adolescent health, and supports joint needs assessments, training, monitoring and evaluation. UNFPA also supports national IEC coordination committees and task forces and facilitates coalitions with women ministers, parliamentarians and the media on reproductive health and gender issues. Many country programmes draw on NGO expertise and resources for advocacy, knowledge and capacity building and to develop reproductive health coalitions. The intercountry programme supports networks on maternal mortality reduction in Latin America and on adolescents and youth in Latin America, the Arab States and Africa. UNFPA offices report increased interaction with the private sector, including private health practitioners and the business community, but much remains to be done, especially since in many low-income countries private spending by the poor exceeds spending by the state.

75. Population and development. In pursuit of the broader MYFF population and development goal and outputs, UNFPA continues to facilitate and lead partnerships to integrate population variables into national and sectoral planning, to establish reliable common databases, and to upgrade information systems.

76. Collaboration among United Nations agencies in the context of United Nations reform has been a primary focus in partnership development, and country offices are actively involved in the process. This includes the harmonization of programming cycles; participation in CCAs and elaboration of UNDAFs; and the establishment of joint guidelines and strategies to address priority development issues such as conflict resolution, common databases, adolescents, gender equality, health sector reform, and HIV/AIDS. Some countries are also moving towards joint programming, particularly in regards to HIV/AIDS, maternal mortality, adolescent reproductive health, and poverty. UNFPA country offices are also participating in other agencies' evaluations and are carrying out joint evaluations. Countries report active participation in United Nations thematic groups, with the Fund frequently assuming the leadership of the two most popular

groups, on gender and HIV/AIDS, especially in Africa. The many thematic groups impose heavy demands on small UNFPA offices, which need to remain focused and strategic in their involvement.

77. UNFPA country offices report varying degrees of involvement in the Poverty Reduction Strategy Papers (PRSPs) process facilitated by the World Bank and the International Monetary Fund, participating in the discussions and sometimes offering technical advice on population, gender and reproductive health. The Fund could use this opportunity to strengthen its contribution on these issues, which are at the root of poverty reduction.

Advocacy

78. Advocacy is both a priority programming area and a key MYFF strategy. Some countries integrate advocacy efforts into the other two priority areas, while others have freestanding advocacy subprogrammes, which in many cases include a gender equality and women's empowerment goal. Part I of the Executive Director's annual report for 2000 includes an in-depth study of advocacy, as one of the four MYFF strategies. The discussion in this section will limit itself to how advocacy as a strategy is being used to advance MYFF results, and what appear to be some conditions for success although – as with the other strategies – this can only be fully explored with the implementation of the MYFF.

79. Advocacy to achieve MYFF results is carried out at different levels: (a) programme advocacy, including support for a nationally driven agenda for policy dialogue and legal changes in health, education, and population and development sectoral plans; partnerships with civil society; and media advocacy in programme countries; and (b) global policy advocacy, which is driven by the need to maintain the momentum for the achievement of ICPD goals in the framework of other international development goals and United Nations and other sector-wide reforms as well as to mobilize resources and to highlight the role of UNFPA as a lead organization in implementing the ICPD Programme of Action.

80. Reproductive health. Advocacy is a key strategy in the achievement of the MYFF reproductive health goal and outputs in order to increase the policy and community support for reproductive health services and gender-responsive social norms for the attainment of reproductive health. UNFPA supports advocacy for the development and implementation of policies, strategies and action plans for ensuring high-quality, comprehensive and integrated reproductive health services beyond family planning and for ensuring that these services meet the needs of underserved groups, such as adolescents. Such advocacy also works towards reducing the barriers to the uptake of services and to women's health in general by engaging service providers, media gatekeepers, elected officials and policy makers. Obtaining the involvement and support of religious and community leaders, essentially men, has been one of the most successful strategies in improving the environment for women's health. An impressive array of initiatives has sensitized, trained, built knowledge and encouraged dialogue among religious leaders and organizations, building on shared values and developing appropriate materials. The positive results include the active engagement of such leaders and organizations in reproductive health and gender education and service provision and in the eradication of harmful practices. These efforts have not gone without opposition, but UNFPA has supported dialogue, bringing women's perspectives into the debate and encouraging a sharing of

perspectives and experiences across countries and regions. A review in 2000 of the Fund's programming in the area of culture, religion and reproductive health asked countries to compare actual and planned results and to extract the lessons learned for future programming. Lessons included the importance of an incremental and sustained approach in developing partnerships, sharing information and promoting dialogue and consensus building around shared priorities and values.

81. Population and development. Country offices undertake various advocacy activities to work towards achieving the MYFF population and development goal and outputs, including disseminating policy research; advocating with political leaders and parliamentarians; utilizing goodwill ambassadors; and establishing support networks to facilitate the integration of population factors into development policies. All countries report use of World Population Day, the *State of World Population* report launching, and other international events for direct ICPD advocacy. These permeate to the local level through extensive use of the media, provincial events, and national poster competitions. UNFPA provides support to the development of national IEC and advocacy strategies, gender policies and action plans. Advocacy both contributes to the achievement of MYFF outputs and goals and uses these outputs, including the increased availability of sex-disaggregated population-related data, for advocacy.

82. Gender. In the context of the MYFF gender goal and output, country offices use research on gender issues to assess the need for a revision of legal frameworks on gender-based violence and family codes and to develop effective advocacy campaigns with the military, police, peacekeeping forces, business managers, union leaders and male politicians. The 2000 *State of World Population* report raised public understanding and commitment on gender issues. Many countries report that a new focus on gender-based violence has been successful in raising interest and commitment, including among male leaders. Campaigns to address gender-based violence appear to be good entry-points, perhaps because they provide a simple illustration of what can appear to be complex gender issues, and they provide common ground among partners who may disagree on other reproductive health and rights issues. Southeast Asia and Latin America are particularly advanced in regional advocacy on violence against women.

83. With the shortfall in resources, many country offices report the need to develop extra advocacy initiatives to mobilize resources and to avoid reduction in programming. Some of these efforts have been successful in raising support from Governments and other donors.

Monitoring and evaluating strategies

84. In 2000, UNFPA developed detailed strategy frameworks for several priority thematic areas, including reproductive health commodity security, maternal mortality prevention, adolescent sexual and reproductive health, male involvement in sexual and reproductive health, and HIV/AIDS, as discussed earlier in this section. The definition of expected results and indicators, within the context of the MYFF framework, will facilitate the monitoring and evaluation of these strategies and strengthen the logical connection among outputs and goals, both weaknesses identified by previous evaluation studies. As these strategies are implemented, there will be a need for special thematic evaluations to examine what is working and not working, and why, as part of strengthening the culture of evaluation within the Fund. There were no organization-wide thematic evaluations in 2000 as the Fund decided to concentrate its limited

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resources on strengthening the guidelines and tools necessary for such evaluations. In addition, the Fund carried out an analysis of mid-term reviews of country programmes, where a conscious effort is made to analyse programme performance focusing on results. A major priority is more consistent monitoring and evaluation of the success and lack of success of strategies in achieving results. The findings are presented in document DP/FPA/2001/8.

E. Data availability and accessibility

Data for monitoring goal indicators

85. Monitoring, evaluating and reporting on progress towards goals are dependent on the availability and accessibility of data. A major objective of the MYFF situation analysis was to assess the challenges confronted by countries and the future investments that will have to be made in data collection and analysis. Although monitoring and reporting at the goal level will draw on national and international data sources, constant improvement in the reliability and availability of these data will depend on investments at a country as well as a global level. The situation analysis asked countries to report on availability of data for MYFF goal indicators at the country level, including data sources, indicator values and periodicity (see table 14, annex 2).

86. The major findings are that goal-level data are dependent on very few sources; that there is a great variation in the availability and periodicity of these data; and that changes cannot and should not be measured over the short term. The situation analysis showed that country office surveys, especially demographic and health surveys (DHS), are the main data source for most Goal 1 indicators, with the exception of HIV prevalence, for which Governments and UNAIDS provide data and for which the least information is available. Only 40 countries reported that new DHS data would be available for 2003, the final year of the MYFF, illustrating the difficulty of capturing change over the medium term. Other sources included the UNFPA-supported Pan Arab Health Survey and its successor, the Pan Arab Family Survey, multi-country surveys that provided data on maternal health, family planning and sexual health.

87. Censuses and other official statistics are the principal sources for Goal 2 indicators, with 60 countries reporting that they will have new data by the year 2003. Governments, followed by UNDP, are the main sources of data for Goal 3 indicators, except for the proportion of women parliamentarians, where the international data are collected by the Inter-Parliamentary Union. Over 40 countries report that they will have new government data for Goal 3 indicators by 2003.

88. This review covers only UNFPA offices and thus does not show that agencies, even within the United Nations system, sometimes use different data sources, which sometimes results in different values for the same indicator. It does confirm that national data sources are often highly dependent on costly, externally funded data collection exercises. UNFPA has always played a leading role in strengthening population data, and this is still a priority for the Fund, as is shown by the MYFF outputs and strategies. The Fund's uncertain resource situation does, however, place constraints on its direct financial contribution to such efforts. UNFPA plays an important advocacy and coordinating role with other funding agencies in order to strengthen a collaborative approach to building local capacity in data collection, analysis and use. This must be a joint priority for all agencies that are pursuing the International Development Goals and the

Millennium Declaration Goals. The PARIS 21³⁵ initiative to build partnerships to strengthen country capacity, in the context of the PRSP and UNDAF, is a very welcome move in this direction. This must be reflected in country-level donor and government compacts to strengthen national information systems.

Data for monitoring output indicators

89. Data availability is also crucial for UNFPA in monitoring its own performance at the output level. The situation analysis reveals that, although there is a high level of recognition of MYFF outputs and indicators in country programme logframes, there is a severe lack of data for establishing baselines and monitoring change in these indicators (see table 15 in annex 2). In part, this is because logframes were retrofitted into existing programmes that had not identified indicators or checked for data availability, but it also reflects a system that has focused more on financial than programme monitoring and has been used for reporting on inputs and activities and not results. It also highlights the fact that while there has historically been a long investment in country-level demographic data, the new ICPD focus on gender and reproductive health at the programme level has not been accompanied by an investment in data collection systems. Sexual violence, abortion, obstetric fistulae, RTIs and adolescent sexuality are some of the sensitive issues that do not lend themselves to quantitative data gathering and analysis, demanding a new, more qualitative approach.

90. Even those countries that do have current data for their indicators often cannot report on an annual basis. Official and/or routine statistics are the main data source for most output indicators, and many records are incomplete, updated only irregularly, and with a long delay. It is essential to invest in improving these systems, as it is the most sustainable approach to data collection and analysis and is of direct benefit to countries themselves, rather than gathering project-related data that can only be used to monitor short-term projects. The most pressing challenge for all agencies is to build national capacity to establish viable information and management systems that do not place an undue burden on countries' limited resources. The Fund plans to integrate data collection and analysis for monitoring and evaluation into the design of new programmes and projects and to issue guidelines to ensure that indicators provide realistic measures of planned results. The need to have high-quality and comparable data available on a timely basis becomes more compelling as the move towards results-based management gains momentum in countries. The principal conclusion, however, is that it will take several years before all country programmes can build the necessary data systems to monitor progress at the output level. The design of country programmes beginning in 2002 must incorporate provisions for the establishment of baselines and regular monitoring of these baselines, at goal and output levels, and for building national capacity in this area.

F. Refinement of the MYFF results framework

91. The Executive Board requested the Executive Director (decision 2000/9) to continue to develop and refine the MYFF framework, based on experience during implementation. The major findings of the MYFF situation analysis are that the framework successfully captures the

³⁵ Partnerships in Statistics for Development in the 21st Century (PARIS 21), *A Better World for All: Progress Towards the International Development Goals* (Paris, 2000).

Fund's strategic direction at the overall level and that the outputs and indicators are the most common outputs of most UNFPA-supported country programmes.

92. The other goals, outputs and indicators being used by countries (tables 11-13, annex 2) represent an appropriate response to the diversity of countries but do not need to be reflected in the MYFF organizational results framework, which must remain concise and limited to major aspects of the Fund's programming. The development of many new country programmes in 2001 may identify new commonly shared outputs. The MYFF is a work in progress. The situation analysis findings suggest some recommendations for refinement. These recommendations, which also take into account feedback from UNFPA staff and partners, try to maintain the simplicity of the MYFF results framework, which has proved to be a great strength.

93. Goals. The situation analysis gave strong support to all three of the MYFF goals and confirmation of widespread use of the existing indicators. A quarter of countries identified other goals, but these are mostly advocacy interventions designed to create an enabling environment for reproductive health and gender equality. As such, they are strategies to achieve the MYFF goals.

94. Goal indicators. The analysis, and some evolution in the external environment, suggests that two indicators could possibly be considered for incorporation into the MYFF, one for Goal 1 and one for Goal 2. The first indicator, contraceptive prevalence rate (CPR) was initially excluded in the MYFF design in favour of the unmet need indicator proposed by ICPD+5. The fact that CPR is used by 35 countries (in addition to unmet need in 25 of these countries) and is included in the Fund's resource allocation system may be arguments for its inclusion in the framework.

95. Some countries use the proportion of the population living in poverty, an International Development Goal and Millennium Declaration Goal indicator for economic well-being, to demonstrate progress towards Goal 2, and this could possibly be incorporated into the MYFF. This indicator is closely correlated to the balance between population and development in that the poorest 20 per cent of the population in developing countries account for over a third of infant and child deaths: a poor mother in a poor country has the highest lifetime chance of dying in childbirth.

96. The total fertility rate, mentioned by 28 countries, has been traditionally used to monitor long-term changes in reproductive behaviour. However, its use may be too closely associated with the legacy of demographic targets, and it does not capture the reproductive health-related needs of specific groups, such as those of adolescents. Countries identified other indicators for the three goals but these have limitations, including low frequency and poor data sources, or are composite indices with components already included or not relevant to UNFPA's work.³⁶ (See table 11, annex 2.)

97. Outputs. The refinement of the outputs and their indicators calls for achieving a balance among those most commonly used, sometimes because they represent the traditional thrust of the

³⁶ The Human Development Index (HDI) measures average achievements in basic human development based on three indicators, longevity, educational attainment and standard of living. The Gender-related Development Index (GDI) uses the same indicators as the HDI but reflects variations between women and men.

Fund's programming, and those that point towards the direction that the Fund would like to move in the context of ICPD and ICPD+5. These need further discussion and reflection, especially as the Fund's programmes are also in a state of evolution. It is to be expected that the development of new country programmes, in the context of ICPD+5 and the MYFF, will further enhance the specification of results in UNFPA programmes. Given the diversity of situations in which the Fund works, UNFPA has chosen to include only the most commonly shared outputs and their indicators in the MYFF framework. The situation analysis confirmed that these were indeed more widely shared than any other outputs and indicators, with the exception of two of the alternative outputs for Goal 1, discussed below.

98. In addition to the MYFF outputs, many countries identified other outputs for each goal. The most frequently used alternative outputs for each goal are shown in table 12 (annex 2). These reflect the diversity of country situations in and among regions and UNFPA's attempts to respond appropriately to country priorities. The variation in these outputs and their indicators makes it difficult to propose additional or alternative outputs at this stage. The Fund will carry out an in-depth analysis of the database to extract typologies in these other outputs and indicators.

99. Output indicators. The MYFF output indicators are used more often than any other indicators proposed (table 13, annex 2). Alternatives for Goal 1 capture similar reproductive health priorities, including measuring the change in the number of adolescents using reproductive health services and components of quality of care. The various other indicators for monitoring an improved environment for women's health relate to particular programming contexts.³⁷

100. Forty-three countries reported using other indicators to monitor progress in the alignment of national and sectoral development plans with the ICPD (Goal 2). The most frequently used of these indicators was the number of trainees in population and development and the number of sectoral plans integrating population and gender issues. An analysis shows that most of these indicators are variations of the MYFF indicator, although none of them include plans for updating. There is no strong agreement among alternative indicators cited for Goal 3: the most frequently cited is the number of political, religious and local leaders in support of reproductive health and gender equality.

101. The analysis revealed limitations in some MYFF output indicators, frequently the lack of data for regular monitoring. This is a weak point shared by all other proposed indicators, all of which were less frequently used than the MYFF output indicators. The indicators for the gender output are one of the weakest areas, and the Fund, in collaboration with country offices and other partners working towards this goal, will explore ways of strengthening this area as well as of developing indicators for gender mainstreaming.

102. Strategies. The situation analysis, which strongly confirmed the use of the four MYFF strategies, also gave countries the opportunity to cite other strategies. Very few were proposed:

³⁷ These include reported number of women survivors of violence; survivors receiving services at service delivery points; radio programmes on violence against women; trained service providers; minimum legal age at marriage; availability of statistical information on gender-based violence; and number of bills submitted to Parliament.

the most often mentioned is IEC. The tendency to incorporate IEC into the MYFF strategies may reflect the lack of a definite category for IEC within the MYFF framework. The treatment of behaviour change, which includes a research-based package of IEC and counselling interventions, as an additional MYFF strategy may require further inquiry and reflection. The operationalization of the new country programmes logframes and the implementation of the organization-wide thematic strategies developed in 2000 and their monitoring and evaluation will provide more detailed information as to how the strategies need to be adjusted to achieve planned results.

IV. MANAGING FOR RESULTS

103. UNFPA recognizes that achieving the MYFF results requires a comprehensive approach to improving programme and organizational management and to orienting and coordinating existing systems towards managing towards results, with a focus on strengthening country offices. This is an ambitious, long-term aim. The experience of other organizations suggests that this will take a minimum of four to five years.

104. The year 2000 provided the opportunity to identify the strengths and weaknesses facing the Fund and to build the foundations for strengthening results-based management. Following the approval of the MYFF, the Fund worked with a group of experts to conduct a participatory assessment on the institutionalization of RBM at UNFPA. The team recommended that institutionalization should make maximum use of existing resources and procedures and build on the institutional change process already under way. The main findings were that the implementation of the MYFF and RBM requires a process of cultural change within the organization, with strong leadership from senior management. While coordination is necessary at the highest level, all units should participate in and be made accountable for specific aspects of RBM functions. These functions include systems design, guidelines, and oversight; programme development and approval; analysis and learning; and external reporting. Specific priorities include strengthening results-oriented planning, monitoring, evaluation and reporting; better management of information for collective reporting and comparative analysis; greater sharing of knowledge and effective feedback of lessons learned; and building RBM capacity among staff and national partners. Recommendations were presented and discussed at the UNFPA Global Meeting in May 2000 and incorporated into an institutional realignment that included the integration of the Office for Results-Based Management into a new Strategic Planning and Coordination Division.

105. The institutionalization and mainstreaming of the MYFF and RBM were organizational priorities in 2000, and the development and adoption of a Fund-wide policy on RBM³⁸ affirm UNFPA's commitment to strengthening a results-based approach in all areas of its work. The policy emphasizes that RBM is fundamental if the Fund is to fulfill its mandate and to effectively provide assistance to developing countries. It states that managers will take the lead in ensuring that "RBM is everybody's business" at UNFPA and that they will be held accountable for results.

³⁸ UNFPA, "Policy on Results-Based Management", circular UNFPA/CM/00/108, 14 December 2000.

106. In 2000, UNFPA conducted a managing for results survey to obtain information on programme, information, financial and human resource management at the country level and to establish the areas where it should prioritize its efforts to strengthen country offices. The findings from 72 countries are presented as part of the following overview.

107. Programme management. UNFPA is strengthening a results-based approach in all stages of programme management. The MYFF and RBM have emphasized the centrality of the logframe approach and of stakeholders' participation in programme planning and management. The survey indicates that more than half of the responding countries have developed monitoring plans based on these logframes. The situation analysis showed that there is still a critical need to strengthen the use of the logframe as a planning, monitoring and evaluation tool, including the selection and use of indicators and the establishment of baselines. This is a major priority in UNFPA's capacity-building strategy. All new country programmes approved in the period following the adoption of the MYFF have logframes and are developed in the context of the MYFF results framework while at the same time ensuring that programme design reflects country priorities.

108. In 2000, many country offices used critical programme stages such as the annual programme review and the mid-term review (MTR) to review their logframes. Half of the countries in the survey analysed planned against achieved results and indicators as part of the MTR. UNFPA recognizes that strong partnerships with national stakeholders, and their active involvement at all stages of the programming process, are critical factors in achieving results. The survey indicates that national partners' involvement is highest in the stages of problem analysis and logframe matrix development and less in programme monitoring and evaluation. If national partners are to own the programme, their full involvement throughout the process is essential.

109. The MYFF situation analysis provided the opportunity for country offices to familiarize themselves with the MYFF results framework and to review their own programme results, indicators, and strategies, and the situation with regard to availability of monitoring data. This increased country office awareness of the importance of identifying robust indicators, based on accessible and reliable data, to measure progress. Many country offices report problems with the availability, quality, reliability and periodicity of monitoring data at goal and output levels. Among the countries responding to the survey, 46 per cent reported that they had data for less than half of their indicators; a situation that prevails in 52 per cent of Category A countries. The countries in transition indicate that data are available, but not always reliable. These findings support the conclusion in section III, E, above that UNFPA must pay very close attention to data collection in future programme planning exercises, in collaboration with other partners.

110. To facilitate results-oriented monitoring, evaluation and reporting, the Fund has adapted existing guidelines and developed new tools that are widely available on the Fund's Intranet. The Fund is also developing a monitoring plan for the intercountry programme to facilitate regular review of progress in the context of the MYFF. New guidelines for annual reports for the year 2000 encouraged country offices and CSTs to focus on results, strategies used to achieve results, and lessons learned, and have improved the utility and comparability of the reports, although the quality of reporting is still uneven. Annual reports are available to all units through a shared database and provide a unique source of information on the status of UNFPA programmes, on

the strengths and weaknesses of UNFPA-supported interventions, and other aspects of country office management. These annual reports also provide a principal data source for reporting on progress towards MYFF results.

111. Office management. UNFPA has begun to integrate a results-based approach into many of its internal management procedures, including results-oriented office management plans, to facilitate a clear definition of responsibilities and accountability for essential functions. The office management plans are expected to further enhance the Fund's capacity to manage for results by providing managers with a comprehensive tool for planning and monitoring results and by facilitating the reporting of results achieved.

112. The survey shows that country offices are encouraging a team approach to make maximum use of each staff member's skills, interests and experiences, essential with such small offices. Two-thirds of country offices hold regular staff meetings to share information. There is a need to increase the involvement of administrative and support staff in the development of annual office management plans.

113. Information management and knowledge sharing. UNFPA's realignment and the introduction of RBM emphasize the need to improve communication and feedback among all UNFPA staff and partners. The survey indicates that many country offices share information with headquarters, CST and national counterparts through a variety of mechanisms including newsletters, databases, and Web pages. There is, however, little evidence of inter-office information sharing and feedback, which reflects a past focus on vertical, one-way reporting systems. Collectively, UNFPA staff have a significant body of knowledge and experience, and the challenge is to link this up so that this expertise can be more easily and cost effectively made available to countries. A networked organization can support country office staff through channeling high-quality input into national planning systems, while also maintaining an open environment for inter-country learning. The UNFPA Intranet has become an invaluable source of technical and other information, and many country offices report that they are using this interactive tool for programme and financial management. While most UNFPA field staff have easy access to information technology, several Category A countries still have difficulties in accessibility due to weak infrastructure or to conflict and emergency situations.

114. These findings indicate that the Fund needs to promote the mainstreaming of knowledge sharing if it is to become a learning organization. The new Knowledge Sharing Branch, within the Strategic Planning and Coordination Division, has been set up to coordinate the development of a systems' approach to support the exchange of substantive, operational and management information, experience, and knowledge within the Fund and to strengthen mechanisms to share lessons learned and best practices.

115. Financial resource management. An important part of UNFPA's realignment exercise has been increased attention to improving the Fund's resource mobilization function. Most country offices reported that the decline in core funds and reduced country expenditure ceilings in 2000 adversely affected the implementation of UNFPA programmes. Many of them took advantage of critical stages in the programme process to review resource utilization, and 65 per cent of the countries responding to the survey indicate that they analysed resources with regards to results during their last annual or mid-term review.

116. Windows-based versions of the UNFPA financial systems for field offices (UNIFOS) and the project review and management system (PRMS) have been installed in most of the country offices in 2000. While some countries are still experiencing difficulties with this new system, it is expected that this upgrading will facilitate financial monitoring through increasing staff access. The training of country office staff and national partners in UNFPA financial management systems will facilitate financial monitoring of UNFPA-executed funds and improve accountability. The development of a resource management system (RMS) to integrate information on programming and financial resources is currently still at the feasibility study stage due to a lack of resources.

117. Human resource management. The implementation of the MYFF and the mainstreaming of RBM provide a framework for working towards the achievement of common goals and should lead to increased accountability of UNFPA staff members themselves in achieving results. Staff capacity needs further strengthening to meet these expectations. Three quarters of country offices have capacity-building plans, which include on-the-job coaching and self-learning opportunities. Country offices still emphasize that small staff size is a major constraint for the successful implementation of UNFPA programmes and the achievement of results.

118. UNFPA has initiated the design of a results-oriented, competency-based system for human resource management that highlights core competencies, such as skills and knowledge, and personal and interpersonal qualities for the recruitment, placement and assessment of staff. The system reflects the Fund's commitment to engage staff in the achievement of the organization's results and to improve performance by strengthening a culture of results-oriented planning, monitoring and evaluation.

119. Capacity building in RBM. Over the last four years, UNFPA has prioritized building capacity in the development and use of the logframe approach, and the survey confirms that 63 per cent of programme staff in the countries responding to the survey had received logframe training at some point, rising to 70 per cent of the Category A countries. The content has evolved over the years as UNFPA has gained more experience in the use of the logframe, and lessons learned have been fed into subsequent training efforts. This has led to some variation among staff in the level of understanding of RBM, the MYFF and the logframe. In-country logframe training has been undertaken mainly in conjunction with the development of UNFPA-supported country programmes and subprogrammes. This approach has proved effective for building national capacity and ownership among partner agencies in the adoption of results-based programming.

120. In 2000, UNFPA initiated a Fund-wide strategy to build RBM capacity at all levels of the organization, with a phased approach aimed at ensuring minimum standards and consistency

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among UNFPA staff. This approach includes the wide dissemination of MYFF and RBM information materials and the development of a core RBM module and facilitators' guide to orient all UNFPA staff. RBM training sessions were designed according to the specific needs of participants. These included five RBM orientation sessions for all professional staff at headquarters, two programme management workshops for field staff in Asia and eastern and southern Africa, and a workshop on the delivery of the core RBM module for CST Specialists. A total of over 150 staff members have been trained. CSTs play a key role in capacity building at the country level and also provide cross-sectoral inputs, transfer of knowledge and sharing of experiences and lessons learned among subregions. They have been crucial in training national partners in a strategic approach to programme planning, through the use of the logframe, and will be an essential resource in mainstreaming RBM at a country level. The Fund is also using cluster and regional meetings to further strengthen field staff's understanding of and commitment to RBM.

V. THE INTEGRATED RESOURCES FRAMEWORK

121. The achievement of ICPD and MYFF development results requires an adequate and stable resource base. The ICPD+5 review called for urgent action to renew and intensify efforts to meet the need for external resources required to implement the costed components³⁹ of the ICPD Programme of Action. It was agreed that \$5.7 billion in international assistance would be needed for the year 2000, to gradually increase to \$7.2 billion in 2015. Only about \$2.1 billion a year is currently being made available. While official development assistance (ODA) increased overall from 1997 to 1999, the percentage devoted to population assistance decreased from 3.18 per cent in 1997 to 2.48 per cent in 1999.⁴⁰ Meanwhile, private foundations, including the Ford Foundation, the Bill and Melinda Gates Foundation, the William and Flora Hewlett Foundation, and the United Nations Foundation, are playing an increasingly important role in supporting programmes to promote reproductive health and gender equality.

122. The Executive Board noted the MYFF funding scenarios presented in document DP/FPA/2000/6 as targets for UNFPA's resource mobilization efforts and encouraged all countries to assist UNFPA in reaching the figure projected in Scenario One of \$1,434 million for regular and supplementary resources for the period 2000-2003.⁴¹ The Executive Director planned the Fund's work for the current MYFF period on the basis of this scenario, while noting that it had not specifically been endorsed by an Executive Board decision. The Board encouraged the Fund to evaluate regularly the actual and projected resource situation and also encouraged all countries in a position to do so to increase their contributions to UNFPA. This section presents an update of the income projections, projected resource utilization, substantive focus of expenditures, resource mobilization plans and the consequences of a resource gap.

³⁹ Family planning; other reproductive health services; STIs, including HIV/AIDS; and basic research, data and population and development policy analysis.

⁴⁰ UNFPA, *Financial Resource Flows for Population Activities in 1998* (New York, 2000). Figures for 1999 supplied by the Netherlands Interdisciplinary Demographic Institute

⁴¹ Executive Board decision 2000/9.

A. Update to the income projection, 2000-2003

123. The lower than expected income for regular resources in 2000, compared to the average level of needs identified in the MYFF, is of great concern to the Fund. This situation will, if it continues, hamper the Fund's ability to implement country programmes and advance towards achieving the goals contained in the ICPD Programme of Action and the MYFF. The Executive Director currently projects UNFPA's income estimates from all resources during 2000-2003 at \$1,372 million in comparison to \$1,434 million in Scenario One (see table 5). This update is based on UNFPA's actual income for 2000 and projected income for 2001-2003. The cumulative amount of UNFPA funds is projected at \$692 million for the first two years (2000-2001) of the current MYFF period.

Table 5 – Update to UNFPA income estimates for MYFF 2000-2003

YEARS	2000-2001	2002-2003	2000-2003	
	Actual/planned	Projected	Total	
	\$M	\$M	\$M	%
REGULAR RESOURCES				
(1) Original estimate <i>a/</i>	568	726	1,294	100%
(2) Actual/updated estimate <i>b/</i>	531	540	1,071	83%
(3) Gap (2) – (1)	(37)	(186)	(223)	(17%)
OTHER RESOURCES				
(4) Original estimate	70	70	140	100%
(5) Actual/updated estimate <i>b/</i>	161	140	301	215%
(6) Gap (5) – (4)	91	70	161	115%
ALL RESOURCES				
(7) Original estimate (1) + (4)	638	796	1,434	100%
(8) Actual/updated estimate (2) + (5)	692	680	1,372	96%
(9) Gap (8) – (7)	54	(116)	(62)	(4%)

Notes: Figures may not add up to totals given due to rounding.
a/ See document DP/FPA/2000CRP.4, table 3.
b/ Actual for 2000, estimated for 2001-2003.

124. This income flow would represent 96 per cent of the resource mobilization target, a shortfall of \$62 million in absolute terms. In this projection, however, the income from regular resources is estimated at only 83 per cent of the target, while income from other resources is estimated to exceed the MYFF framework by 115 per cent. In absolute terms, the shortfall in regular resources is forecast to be \$223 million, more than three times that of the projected shortfall in total resources. While UNFPA core resources rose by around 4.5 per cent in 2000 compared to the previous year, the trend over the last five years has been negative. Over the period 1995-1999, annual core contributions have declined from \$312.6 million to approximately \$250 million.

B. Resource utilization, 2000-2001

125. UNFPA projects that 50 per cent of the resources available from the updated income estimate will be utilized for the first half (2000-2001) of the MYFF period (see table 6). It is also projected that one half (50 per cent) of the updated income estimates of regular resources for the entire MYFF period will be utilized during the first two years, 2000-2001. With regard to other resources, UNFPA projects 53 per cent of the updated income estimate will be utilized in the period 2000-2001.

Table 6. Resource utilization, 2000-2001			
Resources	Updated income estimate 2000-2003 ^{a/}	Resource utilization 2000-2001 ^{b/}	
	\$M	Actual/planned \$M	Rate %
(1) Regular resources	1,071	531	50
(2) Other resources	301	161	53
(3) All resources (1) + (2)	1,372	692	50
Notes: Figures may not add up to totals given due to rounding. ^{a/} See Table 5, lines 2 and 5. ^{b/} Provisional for 2000 and planned for 2001.			

126. In September 2000, the Executive Board reviewed the system of resource allocation and approved an updated country classification (decision 2000/19). The Executive Director allocates resources for country activities according to that decision and in a flexible manner, as specified in the decision. Based on this updated classification, the regular resource share of Category A countries is planned to reach 65.3 per cent for 2000-2001 (see table 7). It is expected that, with the development and approval of approximately 40 new country programmes in 2001, UNFPA will continue to increase the share for Category A countries during the MYFF 2000-2003 period towards the 67-69 per cent range indicated in the decision. The shares for the other priority groupings will be appropriately adjusted year by year to reach the target shares recommended by the Executive Board by 2005 when a further review of the resource allocation system will be undertaken. Category A countries, including the least developed countries, are those that are furthest from reaching the ICPD goals and are allocated the largest share of programme resources. The income situation has a direct effect on the Fund's allocation of resources to these countries and the ability of these countries to reach their reproductive health and population goals.

Table 7 – Status of implementation of country resources by country category, 2000-2001			
Regular resources			
Country category ^{a/}	Decision shares ^{b/}	Actual/planned expenditures 2000-2001 ^{c/}	
		Amount	Share
	%	\$M	%
A	67-69	169.0	65.3
B	19-21	54.0	20.9
C	7-9	20.8	8.0
T	3-4	10.5	4.1
O	1.5	4.6	1.8
Total	100	258.9	100.0
Notes: Figures may not add up to totals given due to rounding. ^{a/} Countries were classified in accordance with the resource allocation system updated in decision 2000/19. ^{b/} See decision 2000/19 and document DP/FPA/2000/14, table 5. ^{c/} Does not include amounts to be distributed.			

C. Substantive focus

127. The substantive focus of the allocation of the Fund's regular resources is consonant with the MYFF goals. The shares of country regular resources allocated for 2000-2001 by programme area are shown in table 8. It should be noted that more than two thirds of these allocations were made for projects approved prior to the current MYFF period. The focus on reproductive health in UNFPA-supported programmes in all categories of countries is evident from the tables.

Table 8. Regular resources by programme area, 2000-2001 Actual/planned regular resources in percentage of each country category					
Country category a/	Reproductive Health	Population and Development Strategies	Advocacy	Multi-sector activities	Total
	%	%	%	%	%
A	72	21	5	2	100
B	63	27	6	4	100
C	76	16	6	2	100
T	76	15	5	4	100
O	48	45	2	5	100
All categories	70	22	5	2	100

Note: Figures may not add up to totals given due to rounding.

a/ Countries were classified in accordance with the resource allocation system updated in decision 2000/19.

128. UNFPA uses a refined coding system to classify projects that allows, inter alia, resource breakdowns by programme area and functional category. The programme area and functional category classifications do not fully capture the MYFF results framework; however, they can serve as proxies for the goals and strategies of the MYFF. Almost one third of the allocations made for the period 2000-2001 from regular and other resources is for projects approved in 2000 or later. Analysis of these projects reveals the kind of new activities that are being initiated in country programmes since the approval of the MYFF.

129. Table 9 shows that support to reproductive health accounts for almost 70 per cent of the resources made available through newly approved projects. In terms of functional categories, the greatest investment is in capacity building, which receives about three fifths of UNFPA resources. Advocacy initiatives receive around 12 per cent, while research activities – which feed directly into building a knowledge base – receive about 7 per cent of resources. A comparison with table 8 shows that there has been an increase in the proportion of funds allocated to advocacy in new projects. Much organizational and global policy advocacy is also not reflected in financial allocations. While the current coding system indicates that some advocacy activities are specifically for gender equality and women's empowerment, it is not possible to report on the share of allocations for the MYFF gender goal, as the coding system

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was designed prior to the development of the MYFF and gender activities are mainstreamed into the three programme areas. UNFPA will examine alternatives to capture resources expended under this component of the MYFF.

Table 9 - Shares of activities by programme area and by functional category, 2000-2001

As percentages of allocations from all resources for new projects

Programme areas	Functional Categories	Institutional capacity building and training	Advocacy	Research	Operational support	Total
Reproductive health		41.6	5.4	4.6	17.6	69.3
Population and development strategies		9.7	0.8	1.5	2.3	14.3
Advocacy		6.6	5.8	0.5	2.0	14.9
Multi-sector activities		1.5	0.0	0.0	0.0	1.5
Total		59.4	12.1	6.6	21.9	100.0

Note: Figures may not add up to the totals given due to rounding.

D. Resource mobilization

130. As indicated above, a significant gap is projected between the MYFF resource requirements as laid out in the MYFF funding scenario and the estimated resources, especially regular resources. UNFPA recognizes that it is imperative to close this gap in regular resources, and the decline in core funds has been accompanied by increased attention to resource mobilization at all levels of the organization.

131. UNFPA's resource mobilization strategy starts from the premise that UNFPA has a leading role in the implementation of the ICPD Programme of Action and the ICPD+5 recommendations, a role that builds on competence and long experience in the reproductive health and population fields. The Executive Director not only leads UNFPA, she is also the chief advocate and leader in the international effort to achieve ICPD goals. The fact that UNFPA has increased its donor base from 68 countries in 1999 to more than 100 countries in 2000 is a recognition of this leadership role. UNFPA has also actively sought to establish new partnerships at the field level. Of the country offices responding to the managing for results survey, 42 per cent had resource mobilization plans for the year 2000, and many others reported actively pursuing and raising additional programme resources.

E. Consequences of a resource gap

132. The gap between the projected quantum of resources that will become available for the MYFF period 2000-2003 and Scenario One in the MYFF requirements may amount to \$223 million in terms of regular resources. A shortfall in actual contributions compared to planned resources will carry serious implications. Regular resources allow the Fund to address the MYFF goals and outputs in a consistent and programmed manner. The availability of other resources, while welcome and important, will also contribute to the realization of results in countries and at the organizational level, particularly in specific areas such as commodity security. On the other hand, non-core resources tend to be more ad hoc, temporary in nature and

aimed at specific purposes that may or may not coincide with the MYFF results. UNFPA will redouble resource mobilization efforts to try to ensure that such a shortfall does not affect the four-year MYFF plan.

133. It is instructive to consider the positive results that would accrue from a fully funded MYFF – by increasing regular resources by \$223 million above what is estimated in this report as the probable funding level over the four-year period – in terms of the increased impact of UNFPA-supported programmes in terms of reproductive health. Using a methodology that it developed in the mid-1990s to look at the impact of resource shortfalls, UNFPA estimates that several positive outcomes could result if the resource gap is closed. Over the four-year MYFF period, 3.7 million fewer unwanted pregnancies might be expected if a level of resource mobilization equivalent to Scenario One were realized. Averted unwanted pregnancies would be the result of higher levels of access to and availability of reproductive health services and a substantial increase in the number of users of modern contraceptive methods.

134. A decrease in induced abortions would be another positive consequence of a fully funded MYFF. If the estimated resource gap can be eliminated, there would be about 1.5 million fewer induced abortions over the MYFF period. Furthermore, as many as 1.8 million fewer unwanted births could result from fully meeting the resource needs for implementing the MYFF. Given the high prevailing levels of maternal mortality in programme countries, averting these additional abortions and unwanted births would in turn lead to approximately 2,000 fewer maternal deaths. A lessened number of unwanted births would also lead to a reduced number of infant and child deaths. Making up the resource gap presently forecast would translate into reductions of about 115,000 infant deaths and 44,000 child deaths over the MYFF period.

VI. LESSONS LEARNED

A. Programming environment and partnerships

135. In many ways, the year 2000 did not provide an ideal environment for UNFPA programmes. The Fund's priority focus is on support to poorer countries and those that are furthest from ICPD goals. Heavy expenditure cuts, a cumulative consequence of past decline in UNFPA's income, in a context of rising population and increasing needs was a severe blow to programme countries. Despite efforts by country offices and partners to review and prioritize programme efforts, to identify activities with the highest impact and to reduce the reach of programmes, the reduction in funds inevitably lessened progress towards results. This experience emphasizes the urgent need for increased core resources with multi-year commitments if there is to be sustainability in programme efforts and credibility to the MYFF approach and if the results identified are to be achieved.

136. Partnerships at all levels are crucial to the achievement of the MYFF results and the implementation of RBM. These partnerships need to be developed in the context of national development plans and programmes and such emerging frameworks as the CCA, UNDAF, PRSPs and SWaps. In strengthening partnerships with other United Nations agencies in the context of UNDAF, more attention needs to be paid to the areas of overlap and synergy among the MYFFs of different United Nations agencies, the CCA and UNDAF, and other joint frameworks. It is particularly important for UNFPA to share its strategic vision with UNDP,

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which maintains UNFPA's visible presence in countries where the Fund has no direct representation. There could be more dialogue and closer coordination, including joint capacity building, at the country level, around the efforts of individual agencies to institutionalize RBM.

137. The Fund has made a good start in building RBM capacity in programme and organizational management. The managing for results survey points to the critical need to strengthen the use of the logframe for monitoring and evaluation, including the selection and use of indicators. The Fund must build strategic programme planning, monitoring and evaluation capacity through integrating RBM into regular training activities and workshops; establishing a pool of RBM facilitators and mentors in headquarters and the field; and strengthening RBM in technical activities. The Fund must invest the required resources in these capacity-building efforts if it is to bring about the necessary cultural change within the organization.

B. Implementing the MYFF results framework

138. The MYFF situation analysis was a unique opportunity to obtain an empirical overview of the results pursued in the country offices, the indicators used to measure their achievement, and the strategies to achieve them. While providing an overall validation of the MYFF framework, it flags several issues that need urgent attention. Country programme logframes often do not formulate clear and concise results and indicators; data sources are lacking; and existing data are not always reliable, available or timely. The severe lack of output and goal-level data suggests that support to data collection and analysis level should be a Fund priority, in collaboration with other agencies.

139. The Fund has to remain flexible and responsive in its approach in order to meet priority needs in regions and in the countries appropriately, including in emergency situations. This means that the MYFF can capture the most common outputs of programmes but should not attempt to cover them all. The MYFF must remain a work in progress as new country programmes may identify new outputs to contribute to the MYFF goals. The new generation of country programmes, many of them scheduled to begin in 2002, will provide the first real opportunity to involve national partners in establishing baselines at the beginning of a programme and to set in place data systems necessary to monitor, evaluate and report on results. The Fund is committed to this approach but recognizes that it will take time to show results.

140. Building a results culture requires a clearer definition of strategies and monitoring indicators and evaluating results to see what works and does not work, and why, in order to adjust these strategies as necessary. Country offices recognize and use the MYFF strategies, but more attention must be paid to the logical connections among resources, strategies and results. The development of strategies around thematic areas must also link with the MYFF results framework and to clearly defined results and indicators. The strategies must be developed with the assurance that data are available for monitoring and evaluation. The Fund recognizes the need to further improve the use of monitoring indicators to measure results in country programmes and to strengthen an evaluation culture and accountability for results among UNFPA staff.

141. Countries are increasingly developing their own resource mobilization plans and targets and are becoming more successful in securing funds, especially when they work closely with

national partners as well as local donor representatives and receive headquarters support. UNFPA offices are also experiencing success in leveraging funds from other agencies towards meeting countries' population and reproductive health needs. This is an extremely important contribution to achieving MYFF goals, especially in the context of scarce resources. The small increase in core resources in 2000 has been accompanied by an increase in non-core resources often earmarked for support to certain thematic areas. While this supplementary funding is extremely welcome, the Fund must ensure that these resources are being used to contribute to MYFF goals.

142. The Fund must pay increased attention to building national ownership of the country programme and its results, involving national partners throughout the programme development and management process; building national capacity in data collection and analysis; and establishing mechanisms for better coordination among different subprogramme partners. This calls for the implementation of a comprehensive institutional capacity-building strategy, including training of UNFPA field staff, counterparts and key partners. The wealth of information and knowledge among country offices and national partners must be used to feed the knowledge back into improving programmes. Constraints posed by the small size of many UNFPA country offices must be addressed through increasing knowledge and skills of staff and by increasing efficiency and effectiveness.

143. The Fund has begun to focus on strengthening methodologies to link results and resources. This involves not only strengthening management information systems but also building linkages between programme and financial management and developing appropriate tools and instruments. The development of the resource management system at UNFPA will therefore be a priority.

VII. STRATEGIC CONSIDERATIONS FOR FUTURE IMPLEMENTATION OF THE MYFF

144. The MYFF situation analysis and the country office annual reports show wide agreement on the Fund's priorities and a shared recognition of the challenges in meeting them. A survey of the global development context and the programming environment give compelling reasons for investing in the results that UNFPA is trying to achieve. There has been a slow but clear recognition within the organization of the importance of RBM and the relevance of the MYFF. There is nevertheless room for continual improvement and adjustments based on a critical analysis of what works and what does not work, identifying and using lessons learned to constantly improve performance.

145. The Fund's priorities over the next year include the following:

(a) UNFPA will continue to pursue and develop its strategic focus in priority programme areas, including the availability and quality of reproductive health services as well as commodity security, maternal mortality and morbidity, adolescent sexual and reproductive health, HIV/AIDS prevention, reproductive health emergency provision, integrating population into development, and addressing gender-based violence;

(b) The Fund will pay special attention to strengthening an understanding of gender roles in sexual and reproductive health and to encouraging a greater involvement of men in

promoting gender equality, women's empowerment, sexual and reproductive health and addressing gender-based violence. The Fund will also improve tools for the appraisal and monitoring of gender mainstreaming in programmes;

(c) UNFPA will mainstream a results-based approach in programme management, including ensuring that new country programmes are built on logframes, developed with full stakeholder participation, and include data collection and analysis for establishing baselines, monitoring and reporting on results. The Fund will work to build an accountability culture at all levels to improve learning and performance and will strengthen programme evaluation mechanisms at global and country level in order to select and adjust strategies to achieve results;

(d) The Fund will work to strengthen a results-based approach in organizational management, including financial management and human resources management practice;

(e) UNFPA will make efforts to build understanding and capacity among all UNFPA staff, CSTs and national partners for the implementation of the MYFF and RBM. The Fund will carry out a review of country capacities and needs as part of the current transition process. This will take into account capacity-building needs to enable UNFPA country offices to participate fully in health sector reforms and CCA, UNDAF, PRSP and SWAp partnerships and to strengthen resource mobilization, programme and office management skills at the country level;

(f) The Fund will map organizational information needs in order to strengthen the sharing of information among country offices and with partners and to ensure a systematic information flow between country offices, CSTs and headquarters. Another aim will be to institutionalize feedback loops and the sharing of lessons learned within the context of building a knowledge-sharing culture within the organization;

(g) UNFPA will further explore ways to link programme results with resources, including designing and operationalizing a results-based resource management system. This will include efforts to capture gender equality and women's empowerment dimensions;

(h) The Fund will use its leading role in the population field to encourage and strengthen international donor collaboration in improving countries' capacities to collect and analyse data necessary for monitoring progress towards ICPD goals and ICPD+5 benchmarks;

(i) UNFPA would like to work more closely with the Executive Board in further strengthening the implementation of RBM and enhancing the relevance of the MYFF for UNFPA. One critical area, where much remains to be done, is the need for greater core resources.

Annex 1: MYFF Goals and Indicators, ICPD Programme of Action (PoA) and ICPD-5 Key Actions (KA) Benchmarks, and international sources

Goals	Indicators	Sources
1) All couples and individuals enjoy good reproductive health, including family planning and sexual health, throughout life.	(a) Unmet need for family planning • PoA 7.16: "All countries should take steps to meet the family-planning needs of their population as soon as possible and should, in all cases by the year 2015, seek to provide universal access to a full range of safe and reliable family planning methods and to related RH services which are not against the law." • KA 58: "Where there is a gap between contraceptive use and the proportion of individuals expressing a desire to space or limit their families, countries should attempt to close this gap by at least 50 percent by 2005, 75 percent by 2010 and 100 percent by 2050."	Surveys, including DHS, PAPCHILD, CIPS and other national family and fertility studies (DHS reports on DHS website - Feb 2001)
(b) Maternal mortality ratio	• PoA 8.21: "Countries should strive to effect significant reductions in maternal mortality by the year 2015: a reduction by one half of the 1990 levels by the year 2000 and a further one half by 2015.... Countries with intermediate levels of mortality should aim to achieve by the year 2005 a MMR below 100 per 100,000 live births and by the year 2015 a MMR below 60 per 100,000 live births. Countries with the highest levels of mortality should aim to achieve by 2005 a MMR below 125 per 100,000 live births and by 2015 a MMR below 75 per 100,000 live births."	WHO/UNFPA/UNICEF working group (Maternal Mortality in 1995: Estimates Developed by WHO and UNICEF, draft 2000)
(c) Proportion of births initiated by skilled attendants	• KA 64: "In order to monitor progress towards the achievement of the ICPD goals for maternal mortality, countries should use the proportion of births initiated by skilled attendants as a benchmark indicator. By 2005, where the maternal mortality is very high, at least 40 percent of all births should be attended by skilled attendants; by 2010 this figure should be at least 50 percent and by 2015, at least 60 percent. All countries should combine their efforts so that globally, by 2005, 80 percent of all births should be attended by skilled attendants, by 2010, 85 percent and by 2015, 90 percent."	WHO (World Health Statistics)
(d) Adolescent fertility rate	• PoA 7.46: "Countries... should protect and promote the rights of adolescents to reproductive health education, information and care and greatly reduce the number of adolescent pregnancies." • KA 73: "Governments... should, as a priority, make every effort to implement the PoA in regard to adolescent sexual and reproductive health, in accordance with para 7.45 and 7.46 of PoA..."	UN Population Division (World Population Monitoring, 2000)
(e) 20% prevalence in persons aged 15-24	• KA 70: "Governments should use, as a benchmark indicator, HIV infection rates in persons 15 to 24 years of age with the goal of ensuring that by 2005 prevalence in this age group is reduced globally, and by 25 percent in the most affected countries, and that by 2010 prevalence in this age group is reduced globally by 25 percent."	UNAIDS (Table of country-specific HIV/AIDS estimates, UNAIDS estimates, June 2000)
(f) Infant mortality rate	• PoA 8.16: "Countries should strive to reduce their infant and under-five mortality rates by one third, or to 50 and 70 per 1,000 live births, respectively, whichever is less, by the year 2000, with appropriate adaptation to the particular situation of each country. By 2005, countries with intermediate mortality levels should aim to achieve an infant mortality rate below 50 deaths per 1,000... By 2015, all countries should aim to achieve an infant mortality rate below 35 per 1,000..."	UN Population Division (World Population Prospects: The 1998 Revision, 1999)
Goals	ICPD Programme of Action (PoA) and ICPD-5 Key Actions (KA) benchmarks	Sources for Table 1 are shown between parentheses
(g) Infant mortality rate	• PoA 7.39: "Active and open discussion of the need to protect women, youth and children from any abuse, including sexual abuse, ... must be encouraged and supported by educational programmes at both national and community levels. Governments should set the necessary conditions and procedures to encourage victims to report violations of their rights."	Country Office inquiries/administrative and legislative records

2) There is a balance between population dynamics and social and economic development.	(A) Life expectancy at birth by sex	• PoA 8.5: "Countries should aim to achieve by 2005 a life expectancy at birth greater than 70 years and by 2015 a life expectancy at birth greater than 75 years. Countries with the highest levels of mortality should aim to achieve by 2005 a life expectancy at birth greater than 65 years, and by 2015 a life expectancy at birth greater than 70 years. Efforts... should emphasize the reduction of morbidity and mortality differentials between males and females..."	UN Population Division (World Population Prospects: The 1998 Revision, 1999)
3) Gender equality and empowerment of women are achieved.	(B) Annual population growth and GNP per capita growth rates	• PoA 6.3: "Recognizing that the ultimate goal is the improvement of the quality of life of present and future generations, the objective is to facilitate the demographic transition as soon as possible in countries where there is an imbalance between demographic rates and social, economic and environment goals, while fully respecting human rights." • KA 15(a): "Governments should intensify efforts to equip planners and decision makers with a better understanding of the relationships among population, poverty, gender inequality and inequality, health, education, the environment, financial and human resources, and development; and re-examine recent research concerning the relationships among reductions in fertility and economic growth and its equitable distribution."	UN Population Division (pop growth) - (World Population Prospects: The 1998 Revision, 1999) UNDP HDR (GNP per capita) - (2000 World Development Indicators, World Bank Website, Feb 2001)
	(C) Gender gap in enrolment in primary and secondary education	• PoA 11.8: "Countries should take affirmative steps to keep girls and adolescents in school... with a view to closing the gender gap in primary and secondary school education by the year 2005" • KA 34: "Governments... should, as quickly as possible, and in any case before 2015, meet the ICFD goal of achieving universal access to primary education; eliminate the gender gap in primary and secondary education by 2005; and strive to ensure that by 2010 the net primary school enrolment ratio for children of both sexes will be at least 90 percent, compared with an estimated 85 percent in 2000." • KA 35(c): "Governments... should reduce the rate of illiteracy of women and men, at least halving it for women and girls by 2005, compared with the rate in 1990."	UNESCO (State of the World Population, UNFPA 2000)
	(D) Gender gap in enrolment in tertiary education	• PoA 4.4 (c): "Countries should act to empower women... by enabling mechanisms for women's equal participation and equitable representation at all levels of the political process and public life..." • KA 43: "Governments should establish mechanisms to accelerate women's equal participation and equitable representation at all levels of the political process and public life in each community and society... and ensure the full and equal participation of women in decision-making processes in all spheres of life."	UNESCO (State of the World Population, UNFPA 2000) Inter-Parliamentary Union (Progress of the World's Women 2000, UNFPA, 2000)

Annex 2: Tables on indicators, outputs and strategies

Table 11	MYFF and other indicators as reported by countries for MYFF Goals
Table 12	MYFF and other outputs as reported by countries for MYFF Goals
Table 13	MYFF and other indicators as reported by countries for MYFF Outputs
Table 14	Number of responding countries with MYFF Goal indicators that provided data, year and source of data, and the year when next available
Table 15	Number of responding countries with MYFF Output indicators that provided data, year and source of data, and confirmed annual availability of data
Table 16	Proportion of countries using MYFF strategies according to goals and outputs

Table 11 – MYFF and other indicators as reported by countries for MYFF Goals ²

Goals	MYFF Indicators	Other Indicators
(1) All couples and individuals enjoy good reproductive health, including family planning and sexual health, throughout life (115)	(a) Unmet need for family planning (52) (b) Maternal mortality ratio (92) (c) Proportion of births assisted by skilled attendants (74) (d) Adolescent fertility rate (59) (e) HIV prevalence in persons aged 15-24 (47) (f) Infant mortality rate (87) (g) National mechanisms in place to monitor and reduce sexual violence (34)	• Contraceptive Prevalence Rate (35) • Total Fertility Rate (28) • Abortion rate (12) • STI prevalence (12) • Prenatal care (6) • Under-five mortality rate (5)
(2) There is a balance between population dynamics and social and economic development (94)	(a) Life expectancy at birth by sex (64) (b) Annual population growth and GNP per capita growth rates (40)	• Human Development Index (23) • Percentage of population below poverty level (11) • Percentage of public expenditures on health and education (5)
(3) Gender equality and empowerment of women are achieved (89)	(a1) Gender gap in enrolment rates at primary level (49) (a2) Gender gap in enrolment rates at secondary level (41) (b) Adult female literacy rate (46) (c) Proportion of women parliamentarians (37)	• Gender-related Development Index (9) • Percentage of women in labour force (4) • Age at marriage for girls (3)

* The numbers between parentheses are the number of countries reporting the goals and indicators.

Table 12 – MYFF and other Outputs as reported by countries for MYFF Goals*

GOALS	OUTPUTS
(1) All couples and individuals enjoy good reproductive health, including family planning and sexual health, throughout life (115)	<u>MYFF Outputs</u> (i) Increased availability of comprehensive RH services (92) (ii) Improved quality of RH services (83) (iii) Improved environment for addressing practices that are harmful to women's health (29)
	<u>Other Outputs</u> ➤ Increased availability of information, education and counselling (37) ➤ Strengthened institutional and technical capacities (35) ➤ Improved programme management (20) ➤ Increased awareness of RH (11) ➤ Improved knowledge, attitudes and behaviour (10) ➤ Increased capacity to mainstream gender in RH and population programmes (9) ➤ Increased demand for RH services (7) ➤ Increased support for reproductive health and reproductive rights (6)
(2) There is a balance between population dynamics and social and economic development (94)	<u>MYFF Outputs</u> (i) National development plan and sectoral plans in line with ICPD PoA (71) (ii) Increased availability of sex-disaggregated population-related data (65)
	<u>Other Outputs</u> ➤ Increased capacity to collect, analyse and use population data (25) ➤ Increased capacity in gender-sensitive population and development planning (15) ➤ Formulation and implementation of population policies (14) ➤ Population variables integrated into development plans and programmes (6) ➤ Improved programme and policy monitoring (5)
(3) Gender equality and empowerment of women are achieved (89)	<u>MYFF Outputs</u> (i) Increased information on gender issues (55)
	<u>Other Outputs</u> ➤ Strengthened institutional and legal frameworks for the promotion of women (15) ➤ Increased involvement and participation of men in RH (6)

* The numbers between parentheses are the number of countries reporting the goals and indicators.

Table 13 - MYFF and other indicators as reported by countries for MYFF Outputs*

Goals	MYFF Outputs	MYFF Output indicators	Other Output indicators
(1) All couples and individuals enjoy good reproductive health, including family planning and sexual health, throughout life (115)	(i) Increased availability of comprehensive RH services (92)	(a) Percentage of SDPs offering at least three RH services (68) (b) Percentage of SDPs offering information, education, counselling and access to services to adolescents (56)	- Percentage of adolescents using RH services (11) - Percentage of community centres offering RH services (3) - Percentage of SDPs offering STI prevention services (2)
	(ii) Improved quality of RH services (83)	(a) Percentage of SDPs offering at least three modern methods of contraception (64) (b) Percentage of SDPs providing quality RH services in accordance with established protocols (53)	- Client satisfaction (11) - RH training (11) - RH services management (8) - Emergency Obstetric Care (5)
	(iii) Improved environment for addressing practices that are harmful to women's health (29)	(a) National policy in place to address harmful practices (24)	Reported number of women victims of violence (3)
(2) There is a balance between population dynamics and social and economic development (94)	(i) National development plan and sectoral plans in line with ICPD PoA (71)	(a) Intersectoral mechanisms to review development and sectoral plans (43) (b) No. of training programmes on gender issues for government officials (29)	- No. of trainees in integration of population and development (20) - No. of sectoral plans integrating population and gender issues (14) - No. of research studies undertaken and used (6)
	(ii) Increased availability of sex-disaggregated population-related data (65)	(a) National database of sex-disaggregated population-related data, with plans to update at regular intervals (37)	- Data analysis (10) - Dissemination of data (5)
(3) Gender equality and empowerment of women are achieved (89)	(i) Increased information on gender issues (55)	(a1) Gender-sensitive RH curricula adopted in primary schools (28) (a2) Gender-sensitive RH curricula adopted in secondary schools (22)	- Political, religious and local leaders in support of gender concerns and RH (9) - Curricula with gender, RH and population issues (6) - Teachers trained (5)

* The numbers between parentheses are the number of countries reporting the goals, outputs and indicators.

Table 14 – Number of responding countries with MYFF Goal indicators that provided data, year and source of data, and the year when next available*

A. GOAL	Indicators	Provided data	Provided year of data	Provided source of data	Provided year of next available data
All couples and individuals enjoy good reproductive health, including family planning and sexual health, throughout life (115)	Unmet need for FP (52)	73	78	73	59
	Maternal mortality ratio (92)	107	107	99	73
	Proportion of births assisted by skilled attendants (74)	103	100	90	60
	Adolescent fertility rate (59)	86	84	76	50
	HIV prevalence in persons aged 15-24 (47)	47	58	57	41
	Infant mortality rate (87)	106	103	91	70
	National mechanisms to monitor and reduce sexual violence (34)	N/A	15	16	N/A
There is a balance between population dynamics and social and economic development (94).	Life expectancy at birth by sex (64)	111	108	100	67
	Annual population growth (66) and GNP per capita growth rates (44)	111 69	95 85	99 89	64 53
Gender equality and empowerment of women are achieved (89).	Gender gap in enrolment rates at the primary (49) and secondary levels (41)	97 76	91 76	83 67	59 50
	Adult female literacy rate (46)	93	87	82	50
	Proportion of women parliamentarians (37)	84	74	65	47

* The numbers between parentheses are the number of countries responding to goals and indicators.

Table 15 - Number of responding countries with MYFF Output indicators that provided data, year and source data, and confirmed annual availability of data *

B. OUTPUT	Indicators	Provided data	Provided year of data	Provided source of data	Confirmed data available annually
Increased availability of comprehensive RH services (92)	Percentage of SDPs offering at least 3 RH services (68)	51	57	59	23
	Percentage of SDPs offering RH IEC and services to adolescents (56)	29	33	37	11
Improved quality of reproductive health services (83)	Percentage of SDPs offering at least 3 modern methods of contraception (64)	51	48	54	20
	Percentage of SDPs providing quality RH services (53)	24	24	34	16
Improved environment for women's health (29)	National policy in place to address harmful practices (24)	32	N/A	N/A	N/A
National development plan and sectoral plans in line with ICPD PoA (71)	Intersectoral mechanism to review development and sectoral plans (43)	42	N/A	N/A	N/A
	No. of govt. officials trained on gender issues (29)	25	16	18	6
Increased availability of sex-disaggregated population-related data (65)	National database of sex-disaggregated population-related data (37), with plans to update regularly (30)	33 17	N/A	N/A	N/A
	Percentage of prim. (28) and sec. schools (22) that adopted gender-sensitive RH curricula	12 12	11 11	14 14	4 5
Increased information on gender issues (55)	No. of information materials on gender issues targeted specifically to men (23)	6	6	10	5

* The numbers between parentheses are the number of countries responding to goals and indicators.

Table 16 - Proportion of countries using MYFF strategies according to goals and outputs

Strategies	GOAL 1			GOAL 2		GOAL 3
	Output 1	Output 2	Output 3	Output 4	Output 5	Output 6
	RH Availability	RH Quality	RH Environment	ICDP/ Plans	Data Availability	Gender Information
Advocacy	94.9 %	91.5	90.6	98.2	87.2	96.1
Capacity Building	98.8	98.7	81.2	81.2	95.9	96.1
Knowledge	90.1	94.7	78.8	78.8	98.3	90.1
Partnerships	100.0	94.4	81.8	81.8	87.5	93.5

Annex 3: Note on methodology

1. The principal data sources for this report were the MYFF situation analysis, annual reports for 2000 of UNFPA country offices and Country Technical Services Teams (CSTs) and a managing for results survey.

MYFF situation analysis

2. The MYFF situation analysis questionnaire was designed to: (a) ensure a correct mapping of MYFF results, indicators and strategies at the country level; (b) gather information on other results, indicators and strategies currently used in countries; (c) establish data sources, values, availability and periodicity; and (d) feed into a database for monitoring change. A technical note ensured a common understanding of terms used in the questionnaire, which was sent to 143 country offices with UNFPA-supported programmes and activities. Responses were received from 123 countries (86 per cent), with the highest response rates from Category A and B countries (85 per cent), followed by Category C countries (83 per cent). Data were entered into a database organized by goals, outputs, indicators and strategies. A frequency analysis was made by goals, outputs, indicators and strategies, with further analysis by region and country category.

3. The countries themselves determined if they shared MYFF results, indicators and strategies. Nevertheless, distortions in the findings are possible, due to the following factors:

4. **Results data.** Many countries provided information on data sources, date and future availability for goal indicators, even when these were not included in their programmes. The data sources seem to be consistent, but the variation in the dates of data collection make it difficult to compare data. In this report, international sources are used for goal indicators for comparability. The incomplete data set on output indicators and the uneven data availability among regions posed difficulties for comparative analysis. There is no attempt to aggregate the output data at the regional or organizational levels, as any movement in the indicators in a few large countries may distort the picture and bias the analysis. Ten countries in the Pacific ⁴² and 12 countries in the Caribbean ⁴³ share the results and strategies formulated in two subregional programmes. These may contribute to an overrepresentation of certain results and indicators.

5. **Qualitative judgements.** Some countries have complex results statements that include more than one UNFPA programme area. It required careful analysis to determine if these statements

⁴² Cook Islands, Fiji, Kiribati, Marshall Islands, Samoa, Solomon Islands, Federated States of Micronesia, Tonga, Tuvalu and Vanuatu are included in one Pacific subregional programme.

⁴³ Antigua and Barbuda, Bahamas, Barbados, Dominica, Grenada, Guyana, Jamaica, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname and Trinidad and Tobago are included in one Caribbean subregional programme.

corresponded to MYFF results. The diversity of non-MYFF outputs and indicators posed a challenge in categorization. Qualitative judgements may lead to biases in their frequency. Computer-generated frequencies based on word and character recognition helped to reduce the level of subjective bias. Also, a review by at least two analysts provided some degree of consistency. A more in-depth analysis of the database will be conducted to feed back into programming tools and guidelines to support country offices in results and indicator selection.

6. Quality of reporting. Several countries reported MYFF results in their programmes but commented that their logframes are not operational because they were retrofitted into existing programmes that had not determined data availability for indicators. Cross-checking of data with country offices and with UNFPA Geographic Divisions improved the quality of the information obtained.

Country office and CST annual reports

7. New guidelines for 2000 annual reports requested Country Office and CSTs to assess results achieved, analyse programme and office performance vis-à-vis planned results for the year, provide information on how they were managing for results, and to share country and regional trends affecting population, reproductive health and gender issues. The establishment of an Intranet database for reports allowed easy access to and use by all staff. Information from these reports is used in the MYFF report to complement quantitative findings from the situation analysis. There was a definite improvement in the consistency of report presentation and a stronger focus on changes brought about in countries, rather than on inputs provided. There was, nevertheless, uneven quality in the reporting on results and strategies.

Managing for results survey

8. A managing for results questionnaire was distributed to all country offices with the 2000 annual report guidelines. This survey included selected questions on programme, financial resources, information, and human resources management. Seventy-two country offices reported on efforts and progress in refining and operationalizing the logframe with national counterparts; using indicators for programme monitoring and evaluation; using evaluation findings to improve programme design and performance; improving financial management; sharing knowledge with staff and stakeholders; mobilizing resources; building staff capacity; and team management.

9. A preliminary analysis of the survey is included in this report. The survey was designed to minimize subjective assessments, but there is a tendency to respond with what is perceived to be best practice. This self-reporting may skew the findings and will need to be counterbalanced by independent evaluations. The data will be further analysed and will constitute baseline information for the ongoing transition process in UNFPA.

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**REPORT OF THE EXECUTIVE DIRECTOR FOR 2000:
REPORTS REQUESTED BY THE EXECUTIVE BOARD**

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Introduction

1. This section of the Annual Report deals with three aspects of the Fund's programme about which the Executive Director has been requested by the Executive Board to report on a regular basis: reproductive health commodity security, the implementation of country programmes approved at the first regular session 1998 (Algeria, China, Egypt, Nicaragua, Paraguay and the Pacific Islands subregion), and humanitarian assistance.

I. REPRODUCTIVE HEALTH COMMODITY SECURITY

2. The following progress report on efforts to ensure reproductive health commodity security in developing countries was prepared in response to two decisions of the Executive Board. In decision 96/14, the Executive Director was requested to submit, as part of her annual report, a progress report on the "Global Initiative on Contraceptive Requirements and Logistics Management Needs in Developing Countries" (later renamed the "Global Initiative on Reproductive Health Commodity Management"). During 2000, the functions of the Global Initiative were taken over by the Fund's new Commodity Management Unit to reflect the expanded scope of the work that UNFPA is now undertaking to ensure reproductive health commodity security. The second decision, 96/3, requested that the Executive Director report on the activities and management of the Global Contraceptive Commodity Programme, the responsibility for which has also been assumed by the Commodity Management Unit in close cooperation with the UNFPA Procurement Section.

A. The Global Initiative

Background of the Global Initiative

3. The Global Initiative was started in 1989 in response to a Governing Council request that UNFPA conduct a study to determine contraceptive requirements in developing countries in the 1990s. During that process, UNFPA initiated its unique database on donor support for contraceptives and logistics. This initial desk study estimated the costs involved in providing contraceptives and related services and stressed the need for better understanding of the logistics and quality-related issues essential for meeting the reproductive health needs of women and men in UNFPA's programme countries.

4. Similar, more comprehensive field studies were undertaken in 12 relatively populous countries (Bangladesh, Brazil, Egypt, India, Mexico, Nepal, Nigeria, Pakistan, Philippines, Turkey, Viet Nam and Zimbabwe). The protocol for these studies addressed: (a) estimating both short- and long-term contraceptive requirements (including financial ones) as well as condom needs to combat sexually transmitted diseases (STDs), including HIV; (b) recommending measures to make good quality contraceptives more accessible; and (c) reviewing social marketing efforts and the roles of non-governmental organizations (NGOs) and the private sector. The findings and recommendations of these studies were used not only for strengthening country logistics

management capacity but also for resource planning and allocation. Recently, a number of countries, including Ethiopia, the Lao People's Democratic Republic, Mongolia, the Syrian Arab Republic and Tunisia, have funded these studies from their own country programme budgets.

Goals

5. During the most recent intercountry programme cycle (1996-1999), the Global Initiative's mandate, which is now being implemented by the Commodity Management Unit, was sharpened to focus on three specific goals: national capacity building, advocacy and donor coordination, and sustainability.

6. National capacity building. The Commodity Management Unit plans to continue the Global Initiatives' in-depth studies but with expanded coverage and under the guidance of a common framework for country assessment, which is in the process of being developed in collaboration with a number of other agencies. It is intended that the framework will serve as a common guideline to analyse country status in meeting reproductive health commodity needs and provide specific recommendations to further strengthen the existing logistics systems and policies in meeting future demand within the contexts of reproductive rights, informed choice, gender sensitivity and religious freedom. It is also intended that all concerned organizations and donors involved in strengthening country capacity in reproductive health commodity security will adopt the framework. As in the past, UNFPA will report the findings from these studies to the advisory group of the Commodity Management Unit for donor coordination and advocacy purposes.

7. In addition to conducting country-specific studies focusing on capacity building, the Global Initiative held a series of logistics management strategy development workshops in which two participants were invited from each participating country within a region. In the workshops, which were conducted with the assistance of the UNFPA Country Technical Support Teams (CSTs) in every region, participating countries received technical assistance on logistics issues and developed strategies on supply management, including training, quality assurance and contraceptive projections.

8. A list of all reproductive health commodities is being prepared in consultation with the World Health Organization (WHO). A number of publications and specially designed websites have already been developed for sharing information and knowledge in reproductive health commodity security. Some important publications include: (a) a global strategy titled "Reproductive Health Commodity Security: Partnerships for Change, A Global Call for Action"; (b) a UNFPA work plan and strategy titled "Reproductive Health Commodity Security: Partnerships for Change, The UNFPA Strategy"; (c) an annual report on "Donor Support For Contraceptives and Logistics"; and (4) a guideline for developing country supply managers titled "The Role of the Logistics Manager in Contraceptive Procurement: A Checklist of Essential Actions".

9. Advocacy and donor coordination. Coordination of donor support is important to improving the flow of reproductive health commodity supplies to and within developing countries. The advisory group that oversees the work of the Fund in this area includes representatives from all major donors. Periodic meetings with this group help resolve actual and potential supply problems at both the global and national levels. An annual report on donor support for contraceptives and logistics, compiled from the database maintained by UNFPA since 1990, provides details on the quantities, types and costs of contraceptives and logistics assistance to developing countries. The report also outlines and explains trends in donor support and analyses where support may be deficient. Recently, the Commodity Management Unit has prepared global projections of condom needs for the prevention of STDs, including HIV, and contraceptives for family planning programmes, a report that is being used as part of the effort to specify additional levels of commodity support (from donors and the Governments of programme countries) that are needed to meet the ICPD goals for 2015.

10. Sustainability. Continuing previous efforts, greater emphasis is being placed on sustainability and self-reliance in meeting reproductive health commodity needs. One innovative approach introduced during the previous intercountry programme cycle was the UNFPA private sector initiative, which focuses on helping Governments work with the private sector and NGOs to expand access to affordably priced commercial products and services in developing countries. The goal of this approach is to free up public sector resources to better serve the needs of those who cannot afford to pay full prices for these products and services. Under this initiative, selected UNFPA field offices have served as facilitators or "brokers" between Governments and the private sector to negotiate better prices for consumers in return for targeted government actions such as reduced tariffs, free public media, etc. Several meetings have been held, some for the first time, bringing together selected Governments, United Nations agencies, manufacturers of hormonal products, technical agencies and social marketing companies. These consultative meetings concluded that UNFPA could play a leading role in helping country programmes become more sustainable.

B. Global Contraceptive Commodity Programme

11. UNFPA's Commodity Management Unit has the added responsibility of coordinating the Global Contraceptive Commodity Programme (GCCP), a revolving trust fund established with the generous support of the Government of the United Kingdom and UNAIDS that was created to respond to urgent and emergency needs. In 2000, contraceptive and other reproductive health kits were sent to 35 destinations experiencing severe shortfalls, including Afghanistan, Angola, East Timor, Eritrea, Indonesia, Mongolia, Rwanda, Sierra Leone, Sudan and Yugoslavia (Kosovo).

C. Global strategy for reproductive health commodity security

12. A major watershed was reached in 2000 when UNFPA presented a global strategy for reproductive health commodity security to some 60 donors and technical agencies on 22 September. Among the key points raised during the meeting were: (a) the declining trend since 1996 in donor support for reproductive health commodities, in particular contraceptives; (b) the consequences of contraceptive and condom shortfalls on women's reproductive health, including HIV infection, in developing countries; and (c) the longer-term measures that the Fund believes should be undertaken at global and country levels to expand access to safe and affordable reproductive health commodities.

13. In line with the goals articulated by the ICPD+5 review, the UNFA global strategy is geared towards helping Governments strengthen their capacity to "ensure that by 2015 all primary health-care and family-planning facilities are able to provide, directly or through referral, the widest achievable range of safe and effective family planning and contraceptive methods; essential obstetric care; prevention and management of reproductive tract infections, including STDs; and barrier methods, such as male and female condoms and microbicides if available, to prevent infection." (paragraph 53).

14. Support for the provision of reproductive health commodities must take into account changing health-care environments. Many Governments are implementing or considering sweeping health sector reforms, developments that offer opportunities to address issues such as financing but that also raise concern that there may be a reduction in support for certain critical areas, including reproductive health. UNFPA's strategy in ensuring reproductive health commodity security would take into account such concerns as well as the development of sector-wide approaches (SWAp) and other country programme strategies.

15. The Governments of Canada, the Netherlands and the United Kingdom all endorsed the global strategy. To show their support, they offered a combined total of about \$80 million in addition to their regular contributions to UNFPA to meet the commodity shortfalls being experienced by over 90 countries. Country requests for urgent reproductive health commodity requirements to be drawn from these additional grant funds are being prioritized using criteria – validated with government, donor and UNFPA field office inputs – such as degree of urgency, HIV/AIDS situation, and projected and past commodity usage patterns. All of these grant moneys will be expended in meeting developing countries' needs by mid-2001; additional funds are still needed to cover growing requirements, especially for condoms to help prevent the spread of HIV and other STDs.

16. Through its Commodity Management Unit, UNFPA is undertaking a series of collaborative activities in 2001 to strengthen management capacity at the country level in terms of identifying demand, forecasting, financing, procuring and delivering reproductive health commodities,

including condoms for HIV prevention. One major goal is to develop a more sustainable commodity supply through cost recovery, social marketing and the ongoing UNFPA private sector initiative.

17. Working closely with UNFPA's CSTs, whose ranks are expanding to include three additional UNAIDS-supported logistics advisers, the Commodity Management Unit is involved with behaviour-change efforts based on the use of male and female condoms as a "dual protection" approach. These efforts are becoming an important part of the expansion of UNFPA's support for STD/HIV prevention programmes.

18. Most of the challenges the Fund faces in this area can be addressed by means of greater consultation and stronger partnership approaches. Making the provision of reproductive health commodities more sustainable is one such daunting issue; the training of managers in developing countries is another. By implementing its reproductive health commodity security strategy, hiring technical officers with expertise in these areas and widening partnerships with other technical agencies, UNFPA plans to further enhance its leadership role in meeting the reproductive health needs of men and women in developing countries.

II. IMPLEMENTATION OF UNFPA COUNTRY PROGRAMMES

A. Algeria

19. Management turnover in the UNFPA field office and difficult local conditions contributed to a longer-than-anticipated wait before the implementation of the Fund's second country programme in Algeria was initiated. Tangible results have been registered recently, however, as the programme has begun to accelerate the pace of its activities. The mid-term review (MTR) in November 2000 concluded, for example, that the implementation rate is relatively high in relation to the expenditure ceiling.

20. There are differences in the performance of the two subprogrammes; overall, the reproductive health subprogramme has had a higher implementation rate than that of the population and development strategies subprogramme. In the latter, some component projects, such as strengthening the statistics systems and research and training on improving the status of women, have barely begun to be implemented.

21. In the reproductive health subprogramme, all of the planned training and logistics assessment components are being carried out. The impact of such capacity-building activities on the reproductive health status of the population can only be measured after a more substantial amount of time has passed. Current trends in contraceptive use have shown little change. The modern contraceptive prevalence rate has risen by only three percentage points since 1994, to 50 per cent. The prevalence rate for intra-uterine devices (IUDs) is currently 3.5 per cent; it was

expected that that level would reach 15 per cent. Lack of progress was especially notable in certain geographical areas that are now being recognized as underserved, and the next country programme will concentrate its activities in those areas.

22. A special mention should be made of one of the important components of the reproductive health subprogramme – a project that seeks to integrate reproductive health education into youth activities. The project has been able to initiate a great deal of peer counselling training activities, and informational material has been produced and is now available in youth information and communication centres.

B. China

23. UNFPA currently provides assistance to the Government of China to implement the fourth country programme in the amount of \$20 million from regular resources. The programme was approved initially for the period 1997-2000 and was subsequently extended by one year through 2001. Due to financial constraints, the total estimated expenditure from 1998-2000 was \$10.3 million, leaving a balance of \$9.7 million. Considering that the estimated expenditure for China will be \$3.5 million in 2001, it is likely that the programme will be extended, subject to the Government's agreement.

24. The programme consists of four subprogrammes: (a) reproductive health; (b) women's empowerment; (c) reproductive health advocacy; and (d) South-South collaboration in reproductive health. UNFPA's assistance to China in general is designed to help the Government implement a client-centred approach to the provision of reproductive health services in line with the Programme of Action of the International Conference on Population and Development (ICPD). To this end, the Fund is supporting activities in a total of 46 counties where targets and quotas have been lifted. UNFPA's support includes enhancing the understanding of policy makers and service providers on the benefits of reproductive health services based on the principle of free and responsible choice. In 32 of the counties, integrated reproductive health services are being provided using a client-centred, voluntary approach. In 30 townships located in 15 of the 46 counties, UNFPA is assisting income-generation projects in support of women's equality. In the 46 counties, each household was given information, education and communication (IEC) materials listing available services and encouraging individuals and couples to take advantage of them.

25. UNFPA is active in advocacy at all levels of Government and the public sector, as well as in supporting China's efforts to increase South-South collaboration. One issue that all agree will take on greater prominence in the region is HIV/AIDS, which is already recognized as one of the most serious health problems affecting China. In the process of implementing the current country programme, it has been clear that male involvement in reproductive health needs to be promoted; thus, all training and IEC materials at county, township and village levels now call for increased male involvement. UNFPA has also supported pilot projects on social marketing of male condoms

and in support of adolescent HIV/AIDS prevention in Beijing and Shanghai, both of which were favourably evaluated and have become models for wider efforts in cooperation with UNAIDS.

26. One drawback is that the programme in China has been subject to financial constraints, which has meant that many project activities have not been implemented, particularly in procuring requested medical equipment and supplies. Consequently, trained service providers have not been able to fully utilize their skills and abilities in delivering quality reproductive health services. UNFPA is making every effort to procure the equipment and supplies without further delay.

27. UNFPA continues to work closely with other United Nations agencies in China. A Common Country Assessment (CCA) and the United Nations Development Assistance Framework (UNDAF) were completed in 2000.

C. Egypt

28. The three primary goals of UNFPA's sixth country programme for Egypt are to contribute to: (a) the improvement of reproductive health; (b) a reduction in gender disparities; and (c) sustained socio-economic development. Despite a delay in the initiation of the latest programme by nearly a year due to setbacks in the consultative and development processes and various cuts in resources, the programme has been successful in implementing a number of activities during its short lifespan.

29. In terms of specific accomplishments, the reproductive health subprogramme has renovated primary health units in two governorates in Upper Egypt and two districts in Cairo. More generally, the subprogramme is working towards behavioural changes and the acceptance of reproductive health and reproductive rights through awareness campaigns and capacity-building activities for service providers. The reproductive health subprogramme has assisted the Government in developing its national IEC strategy as well as a strategy for adolescents. It is expected that national counterparts and institutions will translate these strategies into national programmes and activities and will expand their partnerships in these areas.

30. The advocacy subprogramme has helped raise the profile of sensitive social issues in Egypt. Media reports and government actions, such as the establishment of the National Council for Women under the patronage of the First Lady, indicate a heightened awareness of gender issues. The President himself officially urged women to run for the Parliament, and women currently hold 40 per cent of the seats appointed by the President. A divorce-reform law benefiting women has been discussed and passed by the Parliament. The next step is to put measures in place to ensure the enforcement of such legislation.

31. The Fund's programme was involved in a number of advocacy activities that led to those developments. Among them were: (a) the formulation of a national advocacy strategy on

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reproductive health and gender issues; (b) the raising of awareness among high-level media personnel and youth on reproductive health and gender issues; (c) the production of a number of television and radio programmes; and (d) the production of a journal, informational materials on female genital cutting (FGC), and calendars and wall charts with reproductive health and gender indicators that were distributed among policy makers and parliamentarians. There is now a need to measure the impact of such activities on public opinion and in mobilizing resources in support of national population, reproductive health and gender programmes.

32. The population and development strategies subprogramme has undertaken the following activities: (a) preparing an updated national population policy; (b) developing an integrated population information system (IPIS); and (c) providing assistance for the establishment of comprehensive mechanisms to facilitate monitoring, evaluation and coordination.

D. Nicaragua

33. The country programme was implemented as planned in 2000. In the mid-term review, the Nicaraguan Government and UNFPA concluded that the programme is adequately meeting its goals of providing an effective framework for bolstering population and sexual and reproductive health initiatives. The experience gained to date demonstrates the programme's great potential for helping create a consensus among the Government, civil society and the donor community in terms of population policy.

34. UNFPA support to increased access to reproductive health services is reflected in a 3 per cent increase in the number of prenatal check-ups while institutional births have risen by 10 per cent and contraceptive coverage has increased by 4 per cent since the programme's inception. The country's main industrial zone, with its *maquiladora* plants, is one of several regions where the programme has managed to extend access to various reproductive health services.

35. The programme's reach was constrained somewhat by the sharp reduction in regular funds during the reported year. This reduction occurred at a time when, paradoxically, the ability of UNFPA to influence national development strategies was better than ever, given the Government's renewed commitment to population and reproductive health issues.

E. Paraguay

36. According to the recent CCA, one-third of the people in Paraguay live in poverty, with nearly half of them living in extreme poverty. Many poor Paraguayans live in rural areas with limited access to social services. UNFPA's approach to this complex issue through the current country programme was examined at the end of 2000 and found to be having a positive impact. The same review also helped outline the most appropriate lines for future action.

37. The Fund is working with the national police force and the country's armed forces to reach isolated rural families. One beneficial outcome from this approach is that the people who receive the programme's services are changing their reproductive health attitudes and behaviours. Another less direct development is that the military personnel and police are also now equipped to help spread awareness and educate their neighbours and communities once their military training and tours of duty are completed. Young police officers, for example, are trained in the importance of reproductive health, and they now have a better grasp of the gender perspective in law enforcement.

38. Other noteworthy achievements include the programme's successful experience with adolescent health services and the design of a community education system for rural youth. Significant progress has also been recorded in gaining support from the national mass media for activities covered by the country programme. The scope of these activities has been limited by financial constraints, but the approaches taken are yielding positive results.

F. Pacific Island countries

39. During 2000, UNFPA continued to implement country-specific projects in 10 of the 14 Pacific Island countries as well as regional activities that extended to Nauru, Niue, Palau and Tokelau as well. Political unrest in Fiji and the Solomon Islands did, however, seriously limit the Fund's work in those nations. Among the major programme achievements was the launching of a regional adolescent reproductive health initiative in the amount of \$2.3 million with the completion of project design missions to nine countries – Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu.

40. Programme activities designed to increase the capacity of reproductive health professionals in the delivery of quality services and information were carried out as planned. Among those activities were refresher training for some 1,000 nurses and nurses aides from throughout the region and a reproductive health certificate course offered in conjunction with the Fiji School of Medicine.

41. The programme also completed a series of sociocultural studies, including one on violence against women in Samoa, a baseline survey on men as partners in family life and reproductive health in Fiji, and a summary of research findings on adolescent sexuality and men's attitudes to family planning in the overall region.

III. HUMANITARIAN ASSISTANCE

42. During 2000, UNFPA continued to expand and strengthen its capacity to provide support for reproductive health needs among especially vulnerable populations and to ensure that these needs are taken into consideration in all forms of humanitarian assistance. The Fund is also developing new capabilities to respond quickly to country office requests in emergency situations. This report, prepared in response to Executive Board decision 2000/13, highlights activities in 2000 undertaken

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directly by UNFPA, as well as UNFPA-funded activities executed by other United Nations agencies, NGOs and other humanitarian partners.

A. Funding

43. In June 2000, the Executive Board approved a rapid response fund, endorsing the use of up to \$1 million per year of regular resources in a revolving fund. The action followed a report from the Executive Director outlining the challenges of "ensuring reproductive health in especially difficult circumstances".

44. The aim of the rapid response fund is to ensure that UNFPA has the budgetary capabilities to respond quickly to emergencies where regular country programme funds are not immediately available or not available at all. The rapid response fund may also be accessed when donor support for a UNFPA component of the United Nations Consolidated Appeal Process has been committed but not yet received by UNFPA.

45. A generous donation by the Government of the Netherlands facilitated the establishment of the fund, which was set up during the last quarter of 2000 and became operative in 2001. UNFPA's support for reproductive health emergencies in 2000 was funded in part with country programme resources (with the agreement of the Governments involved) and through contributions from the United Nations Foundation as well as the Governments of Australia, Belgium, Canada, the Czech Republic, Germany, the Netherlands, the United Kingdom and the United States. The UNFPA also participated in the Inter-Agency Consolidated Appeals for 2000 and saw an overall improvement in donor response compared to 1999's results.

B. Direct and indirect reproductive health support

46. In collaboration with its partners, UNFPA has provided humanitarian assistance to meet both immediate needs and to strengthen local capacity for the long term. In the past year, for example, the Fund provided emergency reproductive health supplies in Afghanistan, Angola, Bangladesh, Comoros, the Democratic Republic of Congo, East Timor, Eritrea, Ethiopia, Guinea, Indonesia, Madagascar, Mongolia, Mozambique, Philippines, the Republic of Congo, the Russian Federation (in the northern Caucasus), Rwanda, Senegal, Sierra Leone, Somalia, Sudan, Tajikistan, Turkey, Uganda, the United Republic of Tanzania, Venezuela, Yemen, Yugoslavia (in Kosovo) and Zimbabwe.

47. Among those supplies were emergency kits containing prepackaged sets of equipment and supplies required for specific reproductive health interventions, including safe home delivery, clinical delivery, emergency obstetric care, treatment of miscarriage, treatment of sexually transmitted diseases (STDs), including HIV, and family planning. UNFPA's longer-term goal of

strengthening local capacity consists of providing referral-level equipment to health centres and supporting the hiring and training of local staff.

C. Reproductive health assessments

48. During 2000, UNFPA supported and participated in initial assessments of reproductive health conditions and needs in a series of crisis situations in, among other places, Angola, Colombia, Eritrea, Ethiopia, Guatemala, the Russian Federation (in the northern Caucasus), Sierra Leone, Sudan, Yemen and Yugoslavia (Serbia).

49. In each case, the assessment's recommendations were followed by direct support activities and also served to guide the relief programmes of other agencies interested in supporting reproductive health interventions. In a number of cases the assessments themselves were done jointly with other agencies; e.g., a study of reproductive health needs in the northern Caucasus was a joint UNFPA/WHO activity and an HIV assessment in Ethiopia and Eritrea was prepared with UNAIDS.

D. Training and capacity building

50. During 2000, UNFPA strengthened its own emergency response capacity significantly by developing systems and procedures to ensure that reproductive health needs are fully integrated into humanitarian interventions. The Fund also provided orientation and training to humanitarian workers on how to prepare assessments and how to be active in the United Nations Consolidated Appeal Process. International training courses for reproductive health emergency coordinators, organized by UNFPA and funded by the Government of Belgium, were held in Kenya and Azerbaijan in 2000. Over 60 participants from local and international NGOs and United Nations staff based in 22 countries were trained in coordination of reproductive health interventions in situations involving refugees and internally displaced persons (IDPs).

51. In addition, reproductive health components were incorporated into other health training courses that were financially supported by UNFPA. Marie Stopes International (MSI) provided technical input and materials on reproductive health for Medical Emergency Relief International (MERLIN), and International Health Exchange provided the same sort of assistance for "health in emergencies" courses.

52. Also with funding from UNFPA, members of the Reproductive Health for Refugees Consortium conducted a wide variety of local level capacity-building activities in 2000. These included: training traditional birth attendants and community health workers working with refugees and displaced persons in Liberia, Guinea and Sierra Leone, and overseeing internal training and awareness building within member agencies of the consortium.

E. Advocacy and awareness raising

53. UNFPA has continued to support advocacy activities designed to raise awareness of reproductive health needs during humanitarian crises. These included advocacy sessions held in Nairobi, Kenya; Dakar, Senegal; and Kathmandu, Nepal, involving policy makers, international and national NGO and United Nations staff, and others involved in relief programmes; orientation sessions for United Nations Goodwill Ambassadors and media celebrities in Europe and South Asia; press interviews and releases; and presentations at universities, NGOs, the United Nations and for staff of the United States Congress, among others.

54. With support from UNFPA, the Women's Commission for Refugee Women and Children (WCRWC) conducted a comprehensive survey of NGOs based in the United States and schools of public health to determine whether and how the agencies included reproductive health in their activities. MSI conducted a similar survey among European NGOs. These surveys not only provide a valuable inventory on what sorts of activities already exist but have also led to expressions of interest among many agencies that do not yet include reproductive health in their work. MSI and WCRWC have taken the lead in including newly interested groups in advocacy and training in Europe and North America, respectively.

55. In Angola, UNFPA developed a video documentary on the reproductive health needs of internally displaced and war-affected women, men and youth. This film was shown locally and is being translated for use internationally. MSI worked with the United Kingdom All-Party Parliamentarian's Group on Population, Development and Reproductive Health to promote reproductive health for refugees issues in the United Kingdom and also provided articles on reproductive health for refugees for the journal *Sexual Health Exchange*, published by the South African AIDS Information Dissemination Service.

56. Direct advocacy was also utilized to raise awareness of the rapid increase in HIV transmission and to encourage urgent prevention and care programmes. During the joint UNFPA/UNAIDS assessment of the HIV implications of the Ethiopian-Eritrean conflict, mission members met with government, military and civilian leaders in each country, as well as with donors and leaders of the United Nations peacekeeping forces.

F. Data collection and analysis

57. UNFPA is seeking to expand the knowledge base on reproductive health in crisis situations in order to improve programme planning and intervention and to provide technical leadership in the field. The International Centre for Migration and Health has begun work on a comprehensive assessment of reproductive health issues in the context of forced migration, including: (a) assessing the current state of knowledge on populations affected by forced migration, including the conditions and reproductive health implications of such migration; (b) determining what specific data are

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available on the main reproductive health issues (sexual violence, STDs, HIV, pregnancy outcomes); and (c) identifying steps to be taken by national Governments, international agencies, NGOs and others to respond to the problem.

58. In Angola, UNFPA undertook a sample survey among displaced populations to determine reproductive health histories, current conditions and perceptions. The results of this survey were presented in a well-attended session at "Conference 2000 - Research Findings on Reproductive Health for Refugees," in Washington, D.C.

59. In Rwanda, Uganda and the United Republic of Tanzania, UNFPA helped fund efforts by the International Rescue Committee (IRC) to review and establish complementary data collection systems within refugee camps so that databases can be compared across situations and countries. The results of two assessments - reproductive health and primary health care - prepared by the IRC for the Kenema District in Sierra Leone were also presented at the Washington research conference.

G. Inter-agency coordination

60. In 2000, UNFPA became a full member of the Inter-Agency Standing Committee on Humanitarian Affairs, took part in all consolidated appeals and participated in multiple working groups and sub-groups. The Fund also participated in the 2000 Inter-Agency Working Group on Reproductive Health for Refugees that met in Geneva in March 2000. This meeting brought together staff from all the United Nations agencies and NGOs working in this area to review programming needs, share technical information, and further develop practical tools such as the reproductive health kits, teaching materials and technical guidelines. In the wake of that meeting, a working group agreed on a series of refinements of the kit contents and on revisions in the kit manual.

61. As a core partner in UNAIDS' HIV-prevention efforts during conflict and post-conflict situations, UNFPA made significant progress in the year 2000. In Eritrea and Ethiopia, the Fund spearheaded a drive to help reduce the spread of HIV by training soldiers, ex-combatants and peacekeepers to be health educators. The effort is part of a larger attempt to engage armed forces and ex-combatants worldwide to be forces for positive change and higher health standards.

62. UNFPA field staff, CST specialists and headquarters staff participated in a number of United Nations-wide humanitarian programmes in 2000, including a regional disaster management team meeting in Panama, a UNHCR-organized workshop in Uganda on reproductive health for adolescent refugees, and United Nations staff college training in emergency preparedness and conflict prevention. The UNFPA also presented an assessment of the impact of Eritrea-Ethiopia conflict on HIV/AIDS at a UNAIDS expert workshop on HIV, conflict and peacekeeping situations in Sweden. The Fund is an active and permanent member of the Steering Committee on HIV and

Security; in that regard, a memorandum of understanding is being developed with the United Nations Department of Peacekeeping Operations on HIV prevention in peacekeeping situations.

H. Tools development

63. UNFPA contributed to the review of the minimum initial service package (MISP) by the Inter-Agency Working Group on Reproductive Health for Refugees, the field evaluation of the emergency reproductive health kits and the revisions to and translations of the kit booklet. The project is also supporting the printing of the inter-agency manual on reproductive health in refugee situations in French and Portuguese.

I. Project development

64. In addition to immediate assistance in emergency situations, UNFPA also provided support for the development of follow-up projects in Angola, Colombia, Eritrea and Ethiopia where the provision of basic reproductive health services for IDPs and other affected populations required a longer-term initiative. For instance, during 2000, the field office worked with headquarters to design a three-year project to provide services to women and young people displaced by the civil conflict in Colombia and a sexual and gender-based violence programme for war-affected women and youth in Angola. The Government of Belgium will fund the Colombia project and the project in Angola is expected to receive funding from the United Nations Foundation and the Government of the United States.



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Report of the Executive Director

**STATUS OF FINANCIAL IMPLEMENTATION OF COUNTRY PROGRAMMES AND
PROJECTS APPROVED BY THE GOVERNING COUNCIL AND THE EXECUTIVE BOARD**

Report of the Executive Director

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I. INTRODUCTION

1. This report is submitted in accordance with Governing Council decision 84/21 and provides the Executive Board with information on the financial implementation of UNFPA country programmes and projects that were approved by the Governing Council at its thirty-eighth (1991) through fortieth (1993) sessions and by the Executive Board from 1994 to 2000. The report is submitted for the information of the Board and no decision or action is requested.

2. Information is provided on: (a) those programmes and projects that were completed in 2000; (b) those that are still ongoing in 2001; and (c) new programmes starting in 2001 that were approved by the Executive Board in 2000.

3. The report presents figures on total expenditures from all resources, including multi-bilateral funds. It should be noted that all terms such as "total expenditures" are explained in a glossary in the annex to this report.

4. It should also be noted that the starting date of a programme is the one mentioned in the document approved by the Governing Council or the Executive Board. The end of a programme¹ is either: (a) the year during which all projects were completed; (b) the year preceding the one in which a subsequent programme began (there cannot be two contemporaneous UNFPA programmes within one country); or (c) the year during which a programme is considered completed for other reasons.

5. While in theory the implementation of an individual country programme could follow an even distribution of resources over the programme period, in reality that is not the case for a variety of reasons:

(a) Each programme has its own programme dynamics; some programmes are "front-loaded" (they require more resources in the first years of the programme period than in later years), while the opposite is true for end-loaded programmes. All programmes require a variable level of annual resources over the programme period.

(b) Even under the UNFPA's multi-year funding framework the actual income from regular resources is not yet known for future years but only for the current year and, then, only at its end. Thus, decisions on the level of expenditures in the current year of each programme have to be made at the beginning of the year without knowledge of the level of resources available

¹ A programme is not necessarily regarded as completed when its original term has expired (since the duration of a programme may be extended) or when the resources originally approved have been expended (since additional resources may have become available or the income level may not have allowed implementation of the full amount).

over the remaining period of the programme. Such unpredictability of resource levels and flows may adversely affect programme implementation, but the introduction of the multi-year funding framework in decision 2000/9 is expected to improve the predictability of UNFPA resources.

(c) Since programme implementation requires lead-time, some programmes do not allow a rapid response to sudden changes in actual income levels. To comply with the financial policy of maximizing the use of available resources while avoiding the use of the operational reserve, some shifts of resources between programmes may become necessary in any given year without prejudice to the original amount approved for the country programmes in question.

6. Tables displaying detailed information on all Governing Council- and Executive Board-approved country programmes and the Fund's balance of commitments are provided in the annex to this report.

II. COUNTRY PROGRAMMES AND PROJECTS APPROVED BY THE GOVERNING COUNCIL AND EXECUTIVE BOARD AND COMPLETED IN 2000 OR ONGOING IN 2001

7. In 2000, UNFPA replenished in full the funds withdrawn from the operational reserve due to the difficult financial situation in 1999. As a result, the Fund had to negotiate resource cuts with Governments of programme countries. This meant that country programmes as well as regional and interregional programmes were cut and many activities were either amalgamated or deleted. This has resulted in some constraints, including: credibility of the Fund vis-à-vis our partners, strain on programme implementation and impact on expected results of programmes. Furthermore, the actual income from regular resources during the past four-year period of 1997-2000 was \$1,096 million, only three quarters of the projected income of \$1,460 million in the work plan 1997-2000 as originally approved by the Executive Board. Given this lower level of income compared with expected resources, UNFPA reduced the resources available for programmes accordingly.

8. Although UNFPA has been using the resource delivery rate (defined in document DP/1989/34) as a measurement of programme performance, in the context of declining programme resources this rate does not accurately reflect programme performance and such figures should be interpreted cautiously. For instance, if the rate were computed on the basis of income received and the level of resources made available to the individual programme in the last four years under review, the resource delivery rate would indicate that the programme had performed exceedingly well. However, at the same time the unpredictability of resources during 1997-2000 has made it difficult for UNFPA to adjust the scale and pace of programme implementation to be in line with the actual income received. Ensuring a growing and predictable level of resources for UNFPA should therefore remain a major priority.

9. Of the programmes² the Executive Board and the Governing Council approved and started in 2000 or prior to 2000, 14 programmes were completed in 2000 and 80 programmes are ongoing in 2001 (see table 1).

10. For the 14 programmes that were completed in 2000, the total expenditures from all resources were \$145.3 million against a total approval of \$187.9 million, which results in a total resource delivery rate of 77 per cent on average, ranging between 59 per cent and 115 per cent (see table 2). In three of these programmes – Guatemala, Cambodia and Viet Nam – the total resource delivery rate exceeded 100 per cent.

11. The expenditures from regular resources for these 14 programmes were \$131.3 million against a regular approval authority of \$145.9 million, resulting in a regular resource delivery rate of 90 per cent (see table 2). It should be noted in this regard that expenditure authority for UNFPA country programmes includes expenditures from regular resources and from other resources, including multi-bilateral resources. If multi-bilateral funding in the authorized amount is not obtained and regular resources are available, the Fund is authorized to spend regular resources up to the total approved amount. Of the 14 programmes completed in 2000, individual programmes utilized regular resources at a level of between 68 per cent and 177 per cent of the approved amount. The regular resource delivery rate was relatively low for Burkina Faso (68 per cent), Ghana (68 per cent) and Indonesia (72 per cent). In general, there were overarching factors that would explain most under-implemented programmes in Africa. These included financial constraints (in particular, in 1999 and 2000), introduction of the logical framework (adopted in 1997, but the guidelines and training were not provided until late 1998) and a high staff turnover in some countries. The low resource-utilization rates of programmes in both Burkina Faso and Ghana were mainly due to considerable delays in the formulation of subprogrammes and component projects stemming from the fact that the guidelines for and training in the logical framework were not available at the beginning of the programme cycle. For the programme in Indonesia, the main reason for the relatively low implementation rate was the prolonged political and economic crises that hit the country since mid 1997.

12. For the 80 programmes that were ongoing on 1 January 2001, the total expenditure rates are generally higher the earlier the programme started, with the exception of Sierra Leone. The country programme in Sierra Leone started in 1993 and has had a total expenditure rate of 56 per cent, while the three programmes started in 1996 have an expenditure rate of 59 per cent on average. However, Sierra Leone has had a regular expenditure rate of 83 per cent, which is much higher than those started in 1996 (75 per cent on average). Total expenditures for all ongoing programmes were below the previously approved ceilings except one – total expenditure in the Caribbean programme was higher than anticipated, a rate of 126 per cent. This

² Country programmes or individual large-scale projects approved by the Governing Council or the Executive Board.

programme has now been extended to 2002, and additional resources will be requested to accommodate the continuation of essential activities, including the preparation of a new programme.

13. The regular expenditure rate for these ongoing programmes is 69 per cent for Latin America and the Caribbean; 51 per cent for sub-Saharan Africa; 44 per cent for Arab States and Europe; and 41 per cent for Asia and the Pacific (see table 3b). Expenditure rates vary from one region to another due to a number of factors, such as differences in the distribution of programmes by starting and ending dates.

14. The majority of individual programmes that were ongoing in 2000 are being implemented as planned; however, a few programmes have a low implementation status of regular resources. Since the implementation of country programmes during the first two years of the programme period varies considerably for reasons outlined in paragraph 5 above, the present analysis focuses on programmes that have been ongoing for three years or more as of 1 January 2001.

15. A number of country programmes that started in 1997 have low regular expenditure rates after four years of implementation. They include programmes for Guinea (39 per cent) and Nigeria (42 per cent), each with one remaining year; and the programme for India (41 per cent), with two remaining years. For the programme in Guinea, the introduction of the logical framework guidelines and training of national counterparts resulted in considerable delays in the programming process. For the programme in Nigeria, there was a long delay in signing the subprogrammes and component projects due to a long period of negotiation. In the case of India, the low rate was due to a slow start during the first two years of the programme and financial constraints at a time when the programme had gained momentum. Also, a number of country programmes that started in 1998 have low regular expenditure rates after three years of implementation. They include the programme for Ethiopia (23 per cent), with one remaining year; and the programmes for Lesotho (15 per cent) and Guinea-Bissau (16 per cent), each with two remaining years. The programme in Ethiopia did not start its implementation until January 2000, two years later than planned due to various reasons. In Lesotho, civil unrest has been a challenge to the implementation of the programme; UNFPA is in the process of strengthening the country office and expects improvement in implementation this year. In Guinea-Bissau, the low implementation was mainly due to the political crisis in the country.

16. For programmes started in 1999, the regular expenditure rates average 26 per cent, ranging from 22 per cent for Benin to 30 per cent for Burundi. For those that started in 2000, the regular expenditure rates average 7 per cent, ranging from 2 per cent to 20 per cent.

III. COUNTRY PROGRAMMES STARTING IN 2001

17. UNFPA submitted a total of 13 country programmes planned to start in 2001 to the Executive Board for its consideration and approval in 2000 and at the first regular session 2001. Five are in the sub-Saharan Africa region, two in the Arab States and Europe region, three in Asia and the Pacific region and three in Latin America and Caribbean region. The total amount for these programmes is \$206.5 million, of which \$123.9 million is to be programmed from regular resources (see table 4).

IV. BALANCE OF UNFPA COMMITMENTS

18. The balance of UNFPA commitments from regular resources for ongoing programmes is \$384.1 million, distributed as follows: \$142.9 million for sub-Saharan Africa; \$64.2 million for the Arab States and Europe; \$151.2 million for Asia and the Pacific; and \$25.8 million for Latin America and Caribbean (see table 3b). The balance of commitments of regular resources for new programmes starting in 2001 is \$123.9 million – \$48.0 million for sub-Saharan Africa, \$8.5 million for Arab States and Europe, \$56.0 million for Asia and the Pacific and \$11.4 million for Latin America and Caribbean (see table 4). Thus, the total balance of commitments is \$508.0 million, distributed as follows: \$190.9 million for sub-Saharan Africa; \$72.7 million for the Arab States and Europe; \$207.2 million for Asia and the Pacific; and \$37.2 million for Latin America and Caribbean (see table 5).

ANNEX

Glossary

This report uses the following abbreviations and definitions in the tables:

Extension (Ext.): extension of duration in years beyond the duration originally approved by the Executive Board;

Total approval: amount approved for a country programme, composed of "regular resources" and "other resources" (normally, multi-bilateral resources under trust fund arrangements);

Regular approval: amount approved for the country programme from regular resources;

Total expenditure (Exp.): provisional amount spent up to and including 2000 against the total approval;

Regular expenditure (Exp.): provisional amount spent up to and including 2000 from regular resources. For technical reasons, cost-sharing is included in the regular expenditure;

Resource (Res.) delivery rate: the expenditure for a programme divided by the amount approved by the Governing Council or the Executive Board for the programme, as defined in document DP/1989/34 for completed programmes only. In this document the "total resource delivery rate" is based on all resources, while the "regular resource delivery rate" is based on regular resources only;

Expenditure (Exp.) rate: the percentage of approved resources spent up to and including 2000 since the beginning of the country programme, for ongoing programmes only. In this document, the "total expenditure rate" is based on all resources, while the "regular expenditure rate" is based on regular resources only;

Regular balance of commitments (commit.): the regular amount approved for the programme less the regular expenditures up to and including 2000. If negative, the regular balance of commitments is here treated as zero. Thus, the regular balance of commitments at the summary level does not necessarily equal the approved amount less the expenditure.

Table 1. Status of country programmes starting by 2000		
Starting year	Completed in 2000	Ongoing in 2001
1991	1	
1993		1
1994	1	
1995	2	
1996	3	3
1997	7	32
1998		31
1999		3
2000		10
A. <u>Total</u>	14	80

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Table 2. Implementation of country programmes completed in 2000

(provisional, in millions of dollars) a/ b/

Region/Country	Actual Start	Actual End	Actual Ext.	Total Approval	Regular Approval	Total Exp. 2000	Regular Exp. 2000	Total Exp. To 2000	Regular Exp. To 2000	Total Res. Delivery Rate	Regular Balance of Committ.	Regular Res. Delivery Rate
Africa (sub-Saharan)												
Burkina Faso	Jan-97	Dec-00	0	10.3	8.8	1.1	1.1	6.1	6.0	60%	2.8	68%
Chad	Jan-96	Dec-00	0	9.0	8.0	1.0	1.0	6.2	6.2	69%	1.8	78%
Congo	Jan-91	Dec-00	6	5.8	5.8	0.3	0.3	4.5	4.5	77%	1.3	77%
Ghana	Jan-96	Dec-00	0	25.0	18.0	2.4	1.8	14.8	12.3	59%	5.7	68%
Namibia	Jan-97	Dec-00	0	6.1	3.6	0.6	0.4	4.7	4.3	77%	0.0	120%
Uganda	Jan-97	Dec-00	0	24.0	16.0	3.3	2.6	19.7	15.7	82%	0.3	98%
Total Africa (sub-Saharan)				80.2	60.2	8.7	7.3	56.0	49.1	70%	11.9	82%
Arab States and Europe												
Palestine	Jan-96	Dec-00	1	7.2	5.2	1.2	0.9	6.2	5.4	86%	0.0	104%
Turkey	Jan-95	Dec-00	1	7.0	6.0	0.9	0.5	5.2	4.8	74%	1.2	79%
Total Arab States and Europe				14.2	11.2	2.1	1.4	11.3	10.2	80%	1.2	91%
Asia and the Pacific												
Cambodia	Jan-97	Dec-00	0	16.0	14.0	3.3	3.2	17.4	17.2	109%	0.0	123%
Indonesia	Jan-95	Dec-00	1	30.0	25.0	2.5	2.5	17.9	17.9	60%	7.1	72%
Viet Nam	Jan-97	Dec-00	0	24.0	20.0	5.4	4.2	24.8	19.9	103%	0.1	100%
Total Asia and the Pacific				70.0	59.0	11.3	9.9	60.2	55.0	86%	7.2	93%
Latin America and Caribbean												
Ecuador	Jan-97	Dec-00	0	5.0	4.0	0.6	0.6	4.2	4.1	84%	0.0	103%
Guatemala	Jan-94	Dec-00	3	3.5	2.0	0.3	0.3	4.0	3.5	115%	0.0	177%
Peru	Jan-97	Dec-00	-1	15.0	9.5	1.4	1.4	9.5	9.5	64%	0.0	100%
Total Latin America and Caribbean				23.5	15.5	2.3	2.2	17.7	17.2	76%	0.0	111%
Grand Total				187.9	145.9	24.3	20.8	145.3	131.3	77%	20.3	90%

a/ See glossary (p.6) for the abbreviations and definitions used in the tables in this report.

b/ Figures may not add up to the totals given due to rounding.

Table 3a. Implementation of country programmes ongoing in 2001
(provisional, in millions of dollars) g/

Region	Starting Year/ Country	Actual Start	Actual End	Actual Ext.	Total Approval	Regular Approval	Total Exp.	Regular Exp.	Total Exp.	Regular Exp.	Total Exp.	Regular Balance of Commit.	Regular Exp. Rate
1993													
AF h/	Sierra Leone	Jan-93	Dec-01	4	5.2	3.5	0.2	0.2	2.9	2.9	56%	0.6	83%
1996													
AF	Cape Verde	Jan-96	Dec-01	1	6.0	5.0	0.3	0.3	3.2	3.1	53%	1.9	63%
AR g/	Syrian Arab Rep.	Jan-96	Dec-01	1	18.0	13.0	0.8	0.9	9.7	8.6	54%	4.4	66%
LA g/	Honduras	Jan-96	Dec-01	2	8.2	5.2	0.9	0.8	6.2	5.7	76%	0.0	110%
Total 1996					32.2	23.2	2.1	2.0	19.1	17.5	59%	6.2	75%
1997													
AF	Angola	Jan-97	Dec-02	2	15.0	9.6	1.2	1.2	8.1	7.5	54%	2.1	78%
AF	Central African Rep.	Jan-97	Dec-01	0	5.5	5.0	0.7	0.7	3.2	3.2	58%	1.8	64%
AF	Comoros	Jan-97	Dec-01	0	3.4	3.0	0.5	0.1	2.3	1.7	67%	1.3	56%
AF	Cote d'Ivoire	Jan-97	Dec-01	0	12.5	10.0	0.7	0.7	5.3	5.2	42%	4.8	52%
AF	Eritrea	Jan-97	Dec-01	1	6.8	4.8	0.7	0.6	4.9	4.9	72%	0.0	101%
AF	Gambia	Jan-97	Dec-01	0	4.5	3.5	0.4	0.4	2.0	2.0	45%	1.5	57%
AF	Guinea	Jan-97	Dec-01	0	9.5	7.5	0.5	0.4	3.0	2.9	32%	4.6	39%
AF	Kenya	Jan-97	Dec-03	2	20.0	16.5	1.9	1.9	9.6	8.6	48%	7.9	52%
AF	Malawi	Jan-97	Dec-01	0	15.0	11.0	1.5	1.1	11.1	9.0	74%	2.0	81%
AF	Nigeria	Jan-97	Dec-01	0	32.5	32.5	3.7	3.7	13.6	13.6	42%	18.9	42%
AF	Senegal	Jan-97	Dec-01	0	15.0	10.0	1.0	1.0	6.8	6.8	46%	3.2	68%
AF	Togo	Jan-97	Dec-01	0	7.0	6.0	0.5	0.5	2.9	2.9	42%	3.1	49%
AF	U. R. of Tanzania	Jan-97	Dec-01	0	25.0	21.0	2.4	2.4	17.6	13.5	71%	7.5	64%
AF	Zambia	Jan-97	Dec-01	0	10.5	8.5	3.4	3.4	8.6	8.6	82%	0.0	101%
AR	Albania	Jan-97	Dec-01	1	4.0	2.8	0.3	0.3	1.7	1.7	42%	1.1	60%
AR	Djibouti	Jan-97	Dec-02	2	3.0	2.0	0.3	0.3	1.5	1.5	49%	0.5	73%
AR	Lebanon	Jan-97	Dec-01	0	3.5	2.5	0.9	0.3	3.0	1.4	85%	1.1	56%
AR	Morocco	Jan-97	Dec-01	0	19.0	13.0	1.3	1.3	9.9	9.5	52%	3.5	73%
AR	Sudan	Jan-97	Dec-01	0	17.0	17.0	1.6	1.6	8.7	8.7	51%	8.3	51%
AR	Tunisia	Jan-97	Dec-02	1	7.0	4.5	0.6	0.4	3.3	2.9	48%	1.6	65%
AS g/	China	Jan-97	Dec-01	1	20.0	20.0	3.5	3.5	10.4	10.4	52%	9.6	52%
AS	India	Jan-97	Dec-02	1	100.0	80.0	9.0	9.0	33.0	33.0	33%	47.0	41%
AS	Lao PDR	Jan-97	Dec-01	1	6.0	5.2	1.4	1.4	3.6	3.6	60%	1.6	69%

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Table 3a. Implementation of country programmes ongoing in 2001

(provisional, in millions of dollars) \$/

Region	Starting Year/ Country	Actual Start	Actual End	Actual Est.	Total Approval	Regular Approval	Total Exp.	Regular Exp.	Total Exp.	Regular Exp.	Total Exp.	Regular Balance of Commit.	Regular Exp. Rate
							2000	2000	To 2000	To 2000	To 2000		
AS	Mongolia	Jan-97	Dec-01	0	9.3	6.0	1.5	1.5	5.3	5.2	57%	0.8	87%
AS	Nepal	Jan-97	Dec-01	0	35.0	25.0	3.1	2.5	18.2	15.0	52%	10.0	60%
AS	Sri Lanka	Jan-97	Dec-01	1	7.6	5.0	0.7	0.6	4.9	4.1	64%	0.9	83%
LA	Caribbean	Jan-97	Dec-02	2	5.0	4.0	1.9	1.9	6.3	6.2	126%	0.0	156%
LA	Cuba	Jan-97	Dec-01	0	4.5	4.5	0.3	0.3	2.2	2.2	48%	2.3	48%
LA	Dominican Republic	Jan-97	Dec-01	0	5.5	4.5	0.6	0.6	4.1	4.1	74%	0.4	90%
LA	El Salvador	Jan-97	Dec-01	0	6.3	4.0	0.6	0.6	3.2	2.5	50%	1.5	63%
LA	Haiti	Jan-97	Dec-01	2	16.0	10.5	2.3	1.2	9.3	7.6	58%	2.9	72%
LA	Mexico	Jan-97	Dec-01	0	15.5	10.5	1.2	1.2	6.3	6.3	41%	4.2	60%
	Total 1997				466.4	369.9	50.1	46.2	233.7	216.1	50%	156.2	58%
	1998												
AF	Botswana	Jan-98	Dec-02	0	2.5	2.0	0.6	0.4	1.6	1.4	63%	0.6	68%
AF	Cameroon	Jan-98	Dec-02	0	12.0	10.5	1.5	1.5	3.1	3.1	26%	7.4	30%
AF	Equatorial Guinea	Jan-98	Dec-02	0	2.5	2.5	0.5	0.5	1.7	1.7	66%	0.8	66%
AF	Ethiopia	Jan-98	Dec-01	0	30.0	24.8	4.4	3.0	8.1	5.6	27%	19.2	23%
AF	Gabon	Jan-98	Dec-01	0	1.7	1.2	0.1	0.1	0.9	0.9	55%	0.3	77%
AF	Guinea-Bissau	Jan-98	Dec-02	0	4.0	3.0	0.1	0.1	0.5	0.5	12%	2.5	16%
AF	Lesotho	Jan-98	Dec-02	0	3.0	2.5	0.2	0.2	0.4	0.4	13%	2.1	15%
AF	Mali	Jan-98	Dec-02	0	11.0	10.0	0.8	0.8	3.7	3.6	33%	6.4	36%
AF	Mauritania	Jan-98	Dec-01	0	7.0	4.0	1.5	0.7	3.1	2.4	45%	1.6	60%
AF	Mozambique	Jan-98	Dec-01	0	23.2	14.0	4.1	3.3	15.3	10.5	66%	3.5	75%
AF	Niger	Jan-98	Dec-01	2	13.1	8.8	1.3	1.0	7.0	5.9	53%	2.9	67%
AF	Rwanda	Jan-98	Dec-01	1	5.0	4.2	1.1	0.7	3.8	3.3	77%	0.9	79%
AF	Sao Tome and Principe	Jan-98	Dec-01	-1	2.1	1.6	0.3	0.3	1.0	1.0	50%	0.6	65%
AF	South Africa	Jan-98	Dec-01	0	10.0	6.0	0.9	0.3	3.0	1.9	30%	4.1	32%
AF	Swaziland	Jan-98	Dec-02	0	2.3	2.0	0.2	0.2	0.7	0.7	32%	1.3	37%
AR	Algeria	Jan-98	Dec-01	1	7.0	5.1	0.5	0.4	1.9	1.7	27%	3.4	34%
AR	Egypt	Jan-98	Dec-01	0	18.0	14.4	2.7	1.9	8.4	6.7	47%	7.7	46%
AR	Jordan	Jan-98	Dec-02	0	4.5	4.0	0.4	0.4	1.2	1.2	26%	2.8	30%
AR	Yemen	Jan-98	Dec-01	0	18.0	12.0	3.0	1.8	7.0	4.3	39%	7.7	36%
AS	Bangladesh	Jan-98	Dec-02	0	35.0	31.0	3.7	3.7	16.6	16.5	47%	14.5	53%
AS	Bhutan	Jan-98	Dec-01	-1	4.4	4.0	1.4	1.4	3.6	3.6	82%	0.4	91%

Table 3a. Implementation of country programmes ongoing in 2001

(provisional, in millions of dollars) ^{a/}

Region	Starting Year/	Actual	Actual	Actual	Total	Regular	Total	Regular	Total	Regular	Total	Regular	Regular
	Country	Start	End	Ext.	Approval	Approval	Exp.	Exp.	Exp.	Exp.	Exp.	Balance	Exp.
							2000	2000	To 2000	To 2000	To 2000	Rate of Commit.	Rate
AS	Korea, DPR	Jan-98	Dec-02	1	3.6	3.6	0.4	0.4	1.4	1.4	40%	2.2	40%
AS	Maldives	Jan-98	Dec-02	0	4.5	2.5	0.8	0.6	1.9	1.3	43%	1.0	60%
AS	Papua New Guinea	Jan-98	Dec-02	0	6.5	5.0	0.5	0.5	1.9	1.9	29%	3.1	38%
AS	South Pacific	Jan-98	Dec-02	1	10.0	7.2	1.3	1.1	4.4	3.4	44%	3.8	48%
AS	Thailand	Jan-98	Dec-01	0	3.2	3.2	0.6	0.6	1.1	1.1	34%	2.1	33%
LA	Bolivia	Jan-98	Dec-02	0	12.0	8.5	2.0	1.1	5.3	3.5	45%	5.0	41%
LA	Brazil	Jan-98	Dec-01	0	9.0	8.0	0.8	0.8	4.6	4.6	51%	3.4	57%
LA	Colombia	Jan-98	Dec-01	0	2.4	2.4	0.4	0.4	1.1	1.1	45%	1.3	45%
LA	Nicaragua	Jan-98	Dec-01	0	11.4	8.4	1.4	1.2	7.2	5.2	63%	3.2	62%
LA	Paraguay	Jan-98	Dec-02	0	5.5	3.0	0.5	0.5	1.6	1.6	29%	1.4	54%
	Total 1998				284.4	219.4	38.2	30.0	123.0	102.3	43%	117.1	47%
	1999												
AF	Benin	Jan-99	Dec-03	0	12.0	10.0	0.7	0.7	2.2	2.2	18%	7.8	22%
AF	Burundi	Jan-99	Dec-01	0	8.0	4.5	0.7	0.7	1.3	1.3	17%	3.2	30%
AF	Madagascar	Jan-99	Dec-03	0	14.4	12.5	1.3	1.4	3.5	3.4	25%	9.1	27%
	Total 1999				34.4	27.0	2.9	2.8	7.0	6.9	20%	20.1	26%
	2000												
AF	Zimbabwe	Jan-00	Dec-04	0	18.0	8.0	0.8	0.5	0.8	0.5	5%	7.5	6%
AR	Azerbaijan	Jan-00	Dec-04	0	5.5	4.0	0.6	0.6	0.6	0.6	11%	3.4	16%
AR	Kazakhstan	Jan-00	Dec-04	0	6.0	4.0	0.8	0.8	0.8	0.8	13%	3.2	20%
AR	Kyrgyzstan	Jan-00	Dec-04	0	5.0	3.5	0.4	0.4	0.4	0.4	9%	3.1	12%
AR	Tajikistan	Jan-00	Dec-04	0	6.0	4.0	0.3	0.3	0.3	0.3	5%	3.7	7%
AR	Turkmenistan	Jan-00	Dec-04	0	5.0	3.5	0.4	0.4	0.4	0.4	9%	3.1	13%
AR	Uzbekistan	Jan-00	Dec-04	0	7.5	6.0	0.4	0.4	0.4	0.4	5%	5.6	6%
AS	Iran, Islamic Rep. of	Jan-00	Dec-04	0	11.0	9.0	1.1	1.1	1.1	1.1	10%	7.9	13%
AS	Pakistan	Jan-00	Dec-03	0	35.0	28.0	0.7	0.6	0.7	0.6	2%	27.4	2%
AS	Philippines	Jan-00	Dec-04	0	30.0	20.0	2.9	1.0	2.9	1.0	10%	19.0	5%
	Total 2000				129.0	90.0	8.5	6.1	8.5	6.1	7%	83.9	7%
	Grand Total						101.9	87.3				384.1	

^{a/} Figures may not add up to the totals given due to rounding.^{b/} Africa (sub-Saharan).^{c/} Arab States and Europe.^{d/} Latin America and Caribbean.^{e/} Asia and the Pacific.

Table 3b. Summary of country programmes ongoing in 2001 by region
(provisional, in millions of dollars) a/

Region/Number of countries	Total Approval	Regular Approval	Total Exp. To 2000	Regular Exp. To 2000	Total Exp. Rate	Regular Balance of Commit.	Regular Exp. Rate
Africa (Sub-Saharan)	35	375.2	289.5	166.8	44%	142.9	51%
Arab States and Europe	17	154.0	115.3	59.1	38%	64.2	44%
Asia and the Pacific	16	321.1	254.7	110.9	35%	151.2	41%
Latin America and the Caribbean	12	101.3	73.5	50.5	57%	25.8	60%
Total	80					384.1	

a/ Figures may not add up to the totals given due to rounding.

Table 4. Country programmes starting in 2001 ^{a/} (provisional, in millions of US dollars) ^{b/}				
Region/Country	Actual Start	Actual End	Total Approval	Regular Approval
Africa (sub-Saharan)				
Burkina Faso	Jan-01	Dec-05	10.5	8.5
Chad	Jan-01	Dec-05	6.5	6.0
Ghana	Jan-01	Dec-05	25.3	14.0
Namibia	Jan-01	Dec-05	12.5	3.5
Uganda	Jan-01	Dec-05	29.0	16.0
Total Africa (sub-Saharan)			83.8	48.0
Arab States and Europe				
Palestine	Jan-01	Dec-04	7.0	4.0
Turkey	Jan-01	Dec-05	5.5	4.5
Total Arab States and Europe			12.5	8.5
Asia and the Pacific				
Cambodia	Jan-01	Dec-05	26.0	15.0
Indonesia	Jan-01	Dec-05	28.0	21.0
Viet Nam	Jan-01	Dec-05	27.0	20.0
Total Asia and the Pacific			81.0	56.0
Latin America and Caribbean				
Ecuador	Jan-01	Dec-03	6.0	2.4
Guatemala	Jan-01	Dec-04	3.2	2.0
Peru	Jan-01	Dec-05	20.0	7.0
Total Latin America and Caribbean			29.2	11.4
<i>Grand Total</i>			206.5	123.9
^{a/} Included are submissions up to the first regular session, 2001.				
^{b/} Figures may not add up to the totals given due to rounding.				

Table 5. Balance of UNFPA commitments from regular resources as of 1/1/2001 (provisional, in millions of dollars) ^{a/}			
Region	Ongoing Programmes ^{b/} (1)	Country programmes starting in 2001 ^{c/} (2)	Total (3) = (1) +(2)
Africa (sub-Saharan)	142.9	48.0	190.9
Arab States and Europe	64.2	8.5	72.7
Asia and the Pacific	151.2	56.0	207.2
Latin America and Caribbean	25.8	11.4	37.2
Total	384.1	123.9	508.0
^{a/} Figures may not add up to the totals given due to rounding.			
^{b/} See table 3b.			
^{c/} See table 4.			
